

MS:air mixture.

- Mohr and Reznik (1978): Hyperplasia and metaplasia observed in the trachea and bronchi of mice exposed to MS via inhalation.
- Dalbey *et al.* (1980): Respiratory tumors observed in MS-exposed Fischer-344 rats.

OSHA cited three other studies but the references were either incomplete (Ref. 247: Otto and Elmenhorst; Ref. 197: Leuchtenberger and Leuchtenberger) or not given at all (Ref. 327).

- Leuchtenberger and Leuchtenberger (?): Pulmonary adenomas and adenocarcinomas were induced in Snell's mice by the gas phase but not by the whole smoke in mice exposed to whole MS.
- Otto and Elmenhorst (?): OSHA noted that these investigators "have shown that there are carcinogenic constituents in the vapor phase of tobacco smoke... The particulate matter was removed by passing the smoke through a Cambridge filter."
- Ref. 327 (not given): OSHA noted that in this study, hyperplasia and metaplasia were observed in the trachea and bronchi of mice exposed to MS via inhalation.

In its comments on the only two bonafide ETS inhalation studies (Coggins *et al.*, 1992, 1993) discussed in its report, OSHA (OSHA, 1994: page 15980) stated:

Male and female Sprague-Dawley rats exposed nose only to ETS developed nasal hyperplasia; this condition was reversible. No effects in the lung were observed.

and then proceeded to criticize the studies in the following language:

Rats are obligatory nose-breathers, and the anatomy and physiology of the respiratory tract and the biochemistry of the lung differ between rodents and humans. Because of these distinctions, laboratory animals are likely to have different deposition and exposure patterns for the various cigarette components in the respiratory system. For example, rodents have extensive and complex nasal turbinates where significant particle deposition could occur, decreasing exposure to the lung. These anatomical and physiological differences, aside from the subchronic exposure, may partially account for absence of any lung tumors in the study by Coggins *et al.* [sic]

It would appear from these statements that OSHA attributes the failure of Coggins *et al.* (1992, 1993) and others to produce tumors in rodents exposed "nose-only" to MS or ETS to the following factors: (1) the complex nasal turbinate process in the rodent and (2) the exposure level. If, during "nose-only" exposure to MS, the nasal turbinate process prevents MS from reaching the lungs, it apparently does not do so when rodents are exposed to Diesel exhaust aerosol. Mauderly *et al.* (1987) reported the production of squamous cell carcinoma in rodents exposed to Diesel engine exhaust in a procedure similar to that used with tobacco smoke.

OSHA either inadvertently or deliberately omitted any comment on the known effectiveness of recent "nose-only" exposure systems in delivering substantial amounts of the administered tobacco smoke to the target organ, the lung.

When the "whole-body" procedure of exposure of laboratory animals to tobacco smoke was found to be inadequate, "nose-only" exposure systems were explored and eventually several acceptable systems were developed. Radiolabeled or "indicator" compounds were used to determine whether the administered tobacco smoke indeed reached the lungs of the exposed animal. The degree of deposition in the lungs of laboratory animals exposed to MS via "nose-only" inhalation has been measured in tobacco smoke exposure systems such as that used by Coggins *et al.* (*cf.* Henry and Kouri, 1984 and Microbiological Associates, 1984 and references therein). Deposition of TPM in the lung was 72%. However, BaP and nicotine were extensively and rapidly redistributed after the smoke exposure. For nicotine originally deposited in the lungs, 17% and 78% were redistributed to the head and other internal tissues, respectively; for BaP deposited in the lungs, 13% and 45% were redistributed to the head and other internal tissues, respectively.

One might ask the question of why OSHA is so critical in its report of the only two studies it cited that dealt with ETS exposure. Is it because the studies were conducted by tobacco industry research personnel, Coggins *et al.* from R. J. Reynolds Tobacco Company R&D?

It is also interesting that OSHA was so selective in its choice of tobacco smoke inhalation studies to discuss. It failed to cite numerous other inhalation studies conducted over the past six decades, some relatively recently, in which no squamous cell carcinomas were reported in animals exposed to tobacco smoke via inhalation, *e.g.*, the studies by Campbell (1936), Mertens (1941), Lorenz *et al.* (1943), Essenberg (1952, 1954b), Passey *et al.* (1954), Essenberg *et al.* (1955, 1956), Mühlbock (1955), Lupu and Veliçan (1957), Komczynski (1958), Leuchtenberger *et al.* (1958, 1960a, 1960b), Passey (1958), Peacock (1958), Guerin (1959), Dontenwill and Mohr (1962), Leuchtenberger and Leuchtenberger (1962), LeBouffant *et al.* (1980), Wehner *et al.* (1981), Motulionis (1984), Henry and Kouri (1984, 1986), and Wilbourn *et al.* (1986). OSHA also did not include the comments of IARC (1986) on the repeated failure of experimentalists to induce squamous cell carcinoma in laboratory animals exposed via inhalation to tobacco smoke.

Another example of OSHA's attempt to present the results from a particular piece of research to bolster its position on ETS is its discussion of lung cancer in pet dogs (OSHA, 1994: page 15981). Even though it concedes, at the very end of the discussion that the result was statistically insignificant, OSHA dwelt at length on a comparison of the incidence of lung cancer in pet dogs exposed to their owners' smoke *vs* that in pet dogs whose owners did not smoke:

Environmental tobacco smoke induced carcinogenicity is also supported by a case-control study of lung cancer in pet dogs [Reif *et al.*, 1992]. The study compared the incidence of lung cancer in pet dogs exposed to their owners' smoking versus dogs whose owners did not smoke. There was an elevated risk of lung cancer (Relative Risk = 1.6) observed in pets with smoking owners. *However, the analysis was insignificant, perhaps in part due to small sample size.* (*Emphasis added:* AR)

The incidence of lung cancer not only in pet dogs but also in specimens in zoological gardens was studied in detail some years ago when it was fashionable to indict urban air

pollution not ETS as the responsible factor. When these studies were conducted, the analogy was drawn between humans residing in industrial or urban areas and the zoological specimens housed in zoological gardens in urban areas. In many of the studies, the sample size was *not* small.

Lombard and Witte (1959) in their study of specimens at the Philadelphia Zoological Gardens reported the following:

- The frequency of malignant tumors increased during the period 1935 to 1955 vs 1901-1934 in the orders *primates*, *carnivora*, and *artiodactyla* but decreased in the orders *rodentia* and *marsupalia*; benign tumors increased in all orders but *rodentia*.
- In 1935, the nutrition of the diet supplied the zoological specimens was significantly improved.
- Four orders of birds showed increases in both benign and malignant tumors between the two periods specified.
- The order *anseriformes* (goose) showed a high incidence of lung tumors in the period 1945-1955. This finding was attributed to the fact that these specimens were maintained in outdoor pens all year long, thus were exposed continuously to urban air pollution. Additional lung tumors were observed from 1955 to 1960.

The authors attributed the increased incidence of tumors in the specimens to two factors: environment and nutrition.

In their study of 9,781 dogs autopsied between 1924 and 1954, Ten Thije and Ressing (1956) found 22 cases of lung cancer, 16 between 1951 and 1954. Since the canine lung tumor is quite large, their opinion was that the increased lung cancer incidence was not attributable to improved diagnosis. Increased lung cancer incidence in dogs was also reported by Krahnen (1953).

At necropsy, Catcott *et al.* (1958) examined 51 dogs from two areas of Los Angeles County with contrasting air pollution patterns. No pathological differences were observed in the tracheobronchial trees of the two groups.

Cohen (1965) observed 44 dogs with lung tumors among 60,000 dogs (56% male, 44% female) examined over a 12-year period. Very few of the dogs lived in urban areas. Comparison of the first 5-year period with the last gave 15 vs 24 lung tumor-bearing dogs, respectively. The average age of the dogs with lung tumors was 9.1 year vs 4.0 year for the total sample. Cohen attributed the increased incidence of canine lung cancer to increase in life span and improved diagnosis during the preceding 20 years. Nielsen (1965) examined 9,263 Ohio dogs and 4,616 Connecticut dogs and reported the following:

<u>State</u>	<u>Environment</u>	<u>Period</u>	<u>Number</u>	Number with <u>Lung Tumors</u>
Ohio	rural & urban mix	1928-1949	1	0
		1950-1954	9,263	3
		1955-1959	1	11
Connecticut	rural	1961-1964	4,616	11

Nielsen attributed the increased incidence of lung cancer in his sample to increased longevity (the average life span, depending on the breed, had increased from 4 to 7 years during the preceding 20 years) and improved diagnosis during the preceding 25 years. The attempt to relate the difference in lung cancer incidence to air pollution gave inconclusive results.

### *Studies with Individual Cigarette Smoke Components*

Aviado (1990) summarized the data reviewed by RTECS (Registry of Toxic Effects of Chemical Substances) (1987) on the production of lung tumors in laboratory animals treated via various routes with PAHs and heterocyclic compounds listed by Hoffmann and Hecht (1990) as MS tumorigens. The information reviewed by RTECS and summarized by Aviado is shown in Table 17. RTECS rated most lung cancer production data as "equivocal," yielding "uncertain but seemingly positive results." The only positive results not rated "equivocal" by RTECS were those obtained in experiments where the test compound was administered by intrathoracic implantation (I/Th) or by intratracheal injection (I/Tr). Inhalation studies, the only studies really relevant to the possible role of ETS in lung cancer in nonsmokers, were all rated "equivocal." The inhalation studies rated by RTECS involved BaP exposure.

The evidence available to date on the tumorigenicity of PAHs to the pulmonary system of laboratory animals exposed via the inhalation route is nonexistent for several of the PAHs listed by Hoffmann and Hecht (1990) as MS tumorigens or is categorized as "equivocal" by RTECS for those PAHs on the list that have been tested via the inhalation route.

It has been known for over five decades (Shear and Leiter, 1941) that it is not appropriate to extrapolate the biological effect obtained by administration of a PAH via one route to that anticipated for administration by another route. The tumorigenicity via inhalation of a PAH to the pulmonary system cannot be predicted from its tumorigenicity observed in skin-painting studies or in subcutaneous-injection studies. The lack of validity of such an extrapolation is well-documented in numerous studies involving the tumorigenicity of PAHs administered via different routes. As Shimkin (1955) wrote:

The investigations of Andervont and Shimkin [1940]...showed that there was no complete parallelism between the ability of some compounds to produce pulmonary tumors in strain A mice and their carcinogenicity as revealed by the induction of sarcomas following subcutaneous injection or of carcinomas following percutaneous application. Badger *et al.*....and Kennaway *et al.*.... pointed out a number of polycyclic hydrocarbons that were of low but positive carcinogenic potency in producing cutaneous carcinomas in mice and were inactive in eliciting sarcomas upon

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**TABLE 17: PRODUCTION OF LUNG TUMORS IN LABORATORY ANIMALS TREATED WITH POLYCYCLIC AROMATIC HYDROCARBONS, WITH AZA-ARENES, OR WITH *N*-NITROSAMINES**

<u>Compound</u>	<u>Administration Route</u>						
	<u>Oral</u>	<u>S/C</u>	<u>I/P</u>	<u>I/Th</u>	<u>I/Tr</u>	<u>I/V</u>	<u>Inh</u>
<i>PAHs</i>							
benz[ <i>a</i> ]anthracene (BaA)	..	..	..	..	..	m*	..
benzo[ <i>b</i> ]fluoranthene	..	..	..	r	..	..	..
benzo[ <i>j</i> ]fluoranthene	..	..	..	r	..	..	..
benzo[ <i>k</i> ]fluoranthene	..	..	..	r	..	..	..
benzo[ <i>a</i> ]pyrene (BaP)	..	r*	..	r	hm	m*	hm
dibenz[ <i>a,h</i> ]anthracene (DBA)	r	r*m*	..	m*	..	m*	..
dibenzo[ <i>a,i</i> ]pyrene	..	m	..	..	h	..	..
indeno[1,2,3- <i>cd</i> ]pyrene	..	..	..	r	..	..	..
<i>Aza-arenes</i>							
dibenz[ <i>a,n</i> ]acridine	..	..	..	r	..	m*	..
<i>NNAs</i>							
<i>N</i> -nitrosodimethylamine (NDMA)	m	..	..	..	h	..	m
<i>N</i> -nitrosoethylmethylamine (NEMA)	mr	..	..	..	..	..	..
<i>N</i> -nitrosodiethylamine (NDEA)	..	m	..	..	h	..	h
<i>N</i> -nitrosopyrrolidine (NPYR)	m	m	h	..	..	..	..
<i>N</i> -nitrosodiethanolamine (NDELA)	..	h	..	..	..	..	..
<i>N'</i> -nitrosonornicotine (NNN)	..	h	..	..	..	..	..

\* Data from Shimkin (1955); all other data from Aviado (1990).

Abbreviations

<u>Oral</u>	= oral administration	<u>m</u>	= mouse
<u>S/C</u>	= subcutaneous injection	<u>h</u>	= hamster
<u>I/P</u>	= intravenous injection	<u>r</u>	= rat
<u>I/Th</u>	= intrathoracic implant	-	= no study considered
<u>I/Tr</u>	= intratracheal injection		
<u>I/V</u>	= intravenous injection		
<u>Inh</u>	= inhalation		

subcutaneous injection. By the same token, no exact parallelism or even the same qualitative response should be anticipated in results obtained by the pulmonary induction technique and in those obtained by the subcutaneous or percutaneous methods.

Some of the data to which Shimkin (1955) referred are incorporated into Table 17 for five of the compounds (BaA, BaP, DBA, dibenz[*a,h*]acridine, 7*H*-dibenzo[*c,g*]carbazole) listed by Hoffmann and Hecht (1990). No data have been generated to justify the extrapolation of skin-painting or subcutaneous-injection findings with these or similar PAHs and aza-arenes to a pulmonary situation.

Another class of MS components discussed at length by Aviado (1990) with regard to their tumorigenicity in the pulmonary system was the NNAs. Table 17 also summarizes those studies discussed by Aviado in which lung neoplasms were observed in laboratory animals treated with an NNA by the administration route indicated. These data were reviewed by RTECS (1987) and the findings in the inhalation experiments with NNAs categorized as "equivocal."

Aviado (1990) noted that the NNA dose levels that resulted in lung tumor production whatever the administration route were substantially greater than the levels of NNAs detected in indoor air and attributed to ETS, e.g., inhalation by mice of NDMA at a dose level of 200,000 ng/m<sup>3</sup> (200 µg/m<sup>3</sup>) produced lung tumors but this dose level should be compared to the ng/m<sup>3</sup> level (10-240 ng/m<sup>3</sup>) at which NDMA has been detected in ETS-containing air (Aviado, 1990). Aviado (1990) concluded:

Based on these data, it is not 'biologically plausible' that nitrosamines in ETS contribute to pulmonary carcinogenesis.

Aviado (1988) discussed the carcinogenicity of five MS components also found in SS and tested for carcinogenicity in laboratory animals via inhalation. In inhalation studies with BaP, formaldehyde, benzene, nickel, and cadmium, lung tumors were observed only with a massive dose of BaP, far in excess of that to which humans are exposed from MS or ETS. As noted previously, these BaP findings were rated as "equivocal" by the RTECS. None of the inhalation studies with formaldehyde, benzene, or nickel produced lung tumors of the type reported to be associated with cigarette smoking. Takenaka *et al.* (1983) reported dose-related adenocarcinomas and squamous cell carcinomas in rats treated via inhalation with high levels of various cadmium chloride aerosols.

Aviado (1990) also discussed several miscellaneous MS and/or SS components suspected of being carcinogenic to humans based on observations in humans. For the MS components 2-toluidine, formaldehyde, hydrazine, and cadmium [listed as tumorigens by Hoffmann and Hecht (1990), EPA (1992), and OSHA (1994)], there is insufficient evidence from epidemiological studies to support any association between these smoke components and human lung cancer.

As noted in Table 4, at various times the IARC has evaluated the evidence for carcinogenicity of several of the tobacco components listed. In many instances, the IARC has not issued its evaluation. The IARC's evaluations in general are based on the results from experimental studies involving administration of the material in question at levels substantially higher than those encountered in MS, SS, or ETS.

With regard to crotonaldehyde, listed by Hoffmann and Hecht (1990), Aviado (1990) noted that it was one of the

[M]iscellaneous substances [which does] not have supporting human studies and suspicion of carcinogenicity is entirely based on experimental animal observations... The dermal route has been used for the following compounds resulting in tumor initiation, promotion or cocarcinogenic

activity: catechol, crotonaldehyde, phenol, hydroquinone and 3-vinylpyridine.

Aviado's comments are also a meaningful adjunct to recent statements such as those by Peto and Doll (1985) who wrote that:

30 years of laboratory research has yet to identify reliably the important carcinogenic factors in cigarette smoke.

and by the IARC (1986) which noted:

This complexity [of tobacco smoke] has made it difficult to identify any individual agent within tobacco smoke as the chief cause of any of the diseases that are caused by smoking.

The data presented here and by Rodgman (1992) demonstrate that it is inappropriate to use tables such as those listing "Tumorigenic Agents in Tobacco and Tobacco Smoke" (Hoffmann and Hecht, 1990) and "43 Chemical Compounds Identified in Tobacco Smoke for Which There Is 'Sufficient Evidence' of Carcinogenicity in Humans or Animals" (OSHA, 1994) as evidence of any relationship between exposure to MS and lung cancer induction in smokers or between exposure to ETS and lung cancer induction in nonsmokers.

#### *Skin-Painting Studies with Cigarette Smoke Condensate (CSC)*

In a continuation of the mouse skin-painting studies (Wynder *et al.*, 1953a, 1953b, 1955, 1956; Wynder and Wright, 1957) reported from 1953 to 1957, Wynder *et al.* (1957a, 1957b) examined the effect of application of lower and lower total annual doses of MS CSC on tumor production in skin-painted mice. They reported that skin painting of mice with a total annual dose of 10 g/mouse produced papilloma in about 60% of the mice; at a total annual dose of 7.5 g/mouse the percentage of papilloma-bearing animals was reduced to about 35%. Only a small percentage (< 10%) of papilloma-bearing animals (but no carcinoma-bearing) animals was observed when the total annual amount of MS CSC applied was less than 5 g/mouse; further reduction of the annual dose to 3 g/mouse resulted in no papilloma- or carcinoma-bearing mice. Thus, in this study, reduction of the total annual dose from 10 g/mouse to 3 g/mouse reduced the percentage of tumor-bearing animals from 60% to 0%. This represents a 3.3-fold reduction in the dose of the applied material, CSC.

These data from the dose-response study (and the threshold limit value for MS CSC) were subsequently reported several times by Wynder and Hoffmann (1962a, 1963b, 1964, 1967) who stated in 1964 and again in 1967:

It is apparent that a reduction of tumorigenic components can be most readily accomplished by reducing the total amount of smoke condensate...to which one is exposed.

Wynder and Hoffmann (1965) determined the effect of MS CSC dose on tumor yield by conducting lifetime skin-painting studies in mice (50 mice per dilution) with various dilutions of CSC-acetone suspensions. Skin painting with a fixed volume of successive dilutions of a 50% CSC-acetone suspension reduced the percent tumor-bearing animals from 45% with a 50%

suspension to 34% with a 33% suspension, to 20% with a 25% suspension, to 8% with a 10% suspension, and to 2% (one tumor-bearing mouse) with a 5% suspension, *i.e.*, a 10-fold dilution of the CSC-acetone suspension produced a 25-fold diminution in % tumor-bearing animals. From their results, Wynder and Hoffmann (1965) noted:

It is apparent...from laboratory studies...that exposure to tobacco smoke condensate and tumor yield are quantitatively correlated.

A few years earlier, Wynder (1961) had commented on the effect of dose reduction on tumor yield in laboratory animals painted with CSC. Because he used much more reasonable doses of CSC in his skin painting, Passey in England was unable to confirm the findings of Wynder *et al.* (1953a, 1953b). Wynder's explanation was as follows:

What really happened was that Passey applied too weak a concentration of tobacco smoke condensate to his animals. Of course, since tobacco smoke is only a weak carcinogen to begin with, if you dilute its concentration too markedly, it is no wonder that you do not obtain any cancer. It would be just like a human being smoking one or two cigarettes a day without inhaling it. His risk of developing lung cancer would certainly also not be greater than that of a non-smoker...

[From] a study which we have done on the dose response of different amounts of smoke condensate to the production of skin cancer in mice... [y]ou will note that, if we applied to the mouse 5 g or less per year of tobacco smoke condensate we were not able to produce any cancers. This of course explains the failure of Dr. Passey to repeat our work. But it clearly shows that tobacco smoke condensate is not a very strong carcinogen.

The importance of dose (exposure) was reiterated in the same language by Wynder and Hoffmann in their lengthy 1964 review article (Wynder and Hoffmann, 1964) and 1967 book (Wynder and Hoffmann, 1967) on tobacco and tobacco smoke:

Since 1953, when the first large-scale production of epidermoid cancer was reported, many investigators have verified these findings. *Some negative findings* (Shotadze, 1953; Gwynn, 1954; Passey *et al.*, 1954; Kakhiani, 1955; Hamer and Woodhouse, 1956; Gwynn and Salaman, 1956) are largely, if not exclusively, a result of inadequate dose. (*Emphasis added: AR*)

Wynder and Hoffmann (1964, 1967) also noted that Gritsiute and Mironova (1960) reported only 3 (1.7%) tumor-bearing animals (TBA) out of 174 treated with between 1.4 and 2.6 g of CSC over a 10-month period whereas their own studies gave 44% TBA treated with 11.7 g CSC over a 15-month period. When the difference in treatment time is disregarded, a dose reduction ranging from 4.5 to 8 reduced the % TBA by a factor of 26! Findings such as this plus those discussed below should have been considered by OSHA in its assessment of the extremely dilute system represented by ETS.

From the late 1960s to the late 1970s, the National Cancer Institute (NCI) in conjunction with the Tobacco Working Group (TWG) conducted a massive 10-year "less hazardous-cigarette study" involving tests on the MS CSC from nearly 100 experimental cigarettes and over 30 control cigarettes [Standard Experimental Blends (SEB)] and the Kentucky 1R1 Reference

Cigarette. In the mouse skin-painting studies, it was found that reduction of the applied dose from 50 mg/mouse/day to 3 mg/mouse/day produced a 25-fold reduction, and in one instance a 50-fold reduction, in percent tumor-bearing animals, *i.e.*, the equivalent of a 17-fold dilution in applied CSC produced a 25- to 50-fold reduction in % tumor-bearing animals. The NCI data (Gori, 1976b, 1976d, 1977b, 1980b; NCI, 1980) on the effect of skin-painting dose on % tumor-bearing animals (TBA) are summarized in Table 18.

The results of a comparison of the tumorigenic activity of MS CSC vs that of SS CSC were reported by Mohtashamipur *et al.* (1990). On the basis of the levels of reported carcinogenic and genotoxic compounds in cigarette MS and SS as listed by Grimmer *et al.* (1977a, 1977b, 1987) and by Hoffmann *et al.* (1987), Mohtashamipur *et al.* (1990) estimated that the tumorigenicity of SS CSC on a gram-for-gram basis would be from 10 to 50 times that of MS CSC. However, their experimental data indicated only a 2- to 6-fold difference.

The experimental protocol for the skin-painting study by Mohtashamipur *et al.* is substantially different from that used in a great many studies over the past four decades; cf. protocols described by Wynder and Hoffmann (1967) and that used in the NCI Smoking and Health Study as described by Gori (1976a, 1976b, 1977, 1980) and the NCI (1980). The protocol in the study by Mohtashamipur *et al.* was as follows: The MS CSC or the SS CSC at three weekly dose levels (5, 10, and 15 mg) was administered at half-dose levels twice weekly for 3 months to the shaved backs of female mice (MNRI strain). After completion of the skin-painting regime by the end of the 3-month painting period, the animals were observed for the remainder of their lifespan. The mean lifespan for the MS CSC-treated mice was  $17.8 \pm 4.3$  months (range 18-20 months); that for the SS CSC treated mice was  $16.7 \pm 4.7$  months (range 17-18 months).

**Table 19** summarizes the data reported by Mohtashamipur *et al.* (1990) on the comparison of MS CSC vs SS CSC tumorigenicity.

These data indicating carcinoma production by administration of 195 mg (0.195 g) of MS CSC over a 3-month (13-week) period appear to be in direct conflict with the earlier data of Wynder *et al.* (1957a, 1957b) who showed that a total annual MS CSC dose less than 3 g elicited neither papilloma nor carcinoma in the CSC-treated animals.

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TABLE 18: NCI TWG STUDIES: % TUMOR-BEARING ANIMALS vs DAILY DOSE

Percent Tumor-Bearing Animals at  
Daily Skin-Painting Dose, mg

Cigarette (Study No.)	<u>50</u>	<u>40</u>	<u>25</u>	<u>12.5</u>	<u>10</u>	<u>06</u>	<u>03</u>	Reference
UK 1R1 (1st)	34	..	48	..	..	..	..	Gori (1976a)
UK 1R1 (2nd)	45	..	53	..	..	..	..	Gori (1976b)
UK 1R1 (3rd)	..	..	49	18	..	..	..	Gori (1977)
UK 1R1 (4th)	..	..	62	33	..	..	..	Gori (1980)
SEB I (1st)	43	..	41	..	..	..	..	Gori (1976)
	51	..	41	..	..	..	..	Gori (1976)
	35	..	47	..	..	..	..	Gori (1976)
	49	..	50	..	..	..	..	Gori (1976)
	47	48	44	..	28	..	..	Gori (1976)
Average	45.0	..	44.6	..	..	..	..	
SEB I (2nd)	60	..	55	..	..	..	..	Gori (1976b)
SEB I (3rd)	..	..	51	19	..	2	2	Gori (1977)
SEB II (2nd)	54	..	50	..	..	..	..	Gori (1976b)
	40	..	52	..	..	..	..	Gori (1976b)
	49	..	41	..	..	..	..	Gori (1976b)
	50	..	47	..	..	..	..	Gori (1976b)
Average	48.3	..	47.5	..	..	..	..	

TABLE 19: COMPARISON OF TUMORIGENICITY OF MAINSTREAM CIGARETTE SMOKE CONDENSATE (MS CSC) vs SIDESTREAM CIGARETTE SMOKE CONDENSATE (SS CSC)

<u>Dose</u>		MS CSC			SS CSC		
<u>mg/ wk</u>	<u>total mg</u>	<u>Initial No.</u>	<u>P</u>	<u>C</u>	<u>Initial No.</u>	<u>P</u>	<u>C</u>
5	65	70	0	2*	70	1	3
10	130	70	0	0	70	2	1
15	195	70	0	3	70	11	6

\* Two malignant non-carcinomatous tumors: 1 sarcoma, 1 Schwannoma.

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### **Skin-Painting Studies with Individual PAH Components of CSC**

In addition to data showing that progressive diminution of the applied dose of MS CSC eventually results in a dose ineffective in tumor production in the CSC-treated animals, there are data showing that essentially the same results are obtained when laboratory animals are treated with smaller and smaller doses of several of the individual PAH components of MS CSC. This has been shown with PAHs, *e.g.*, BaP, DBA, considered sufficiently tumorigenic to be listed by OSHA (1994), EPA (1990a), and Hoffmann and Hecht (1990) as tobacco smoke "tumorigens."

While not a mouse skin-painting study, Dobrowolskaia-Zavadskaja (1938) demonstrated that subcutaneous injection of 10 µg (10,000 ng) of DBA induced sarcoma at the site of injection in 11% of the 328 mice injected. The % tumor-bearing animals decreased as the injected dose was decreased. When the injected dose was 1 µg (1000 ng) of DBA, none of 156 injected mice developed sarcoma.

Early experiments by Sall and Shear (1940) with BaP had produced no tumors via skin painting at concentrations below 0.02%; Gottschalk (1942) demonstrated that subcutaneous injection of at least 0.4 µg (400 ng) of BaP was required for tumor development. In almost all experiments with PAHs such as BaP or DBA, subcutaneous injection of an effective tumor-generating dose results in development of sarcoma not carcinoma at the site of injection; skin painting with these PAHs generally produces papilloma and carcinoma at the site of application.

Citing previously reported well-established findings by Shimkin, Andervont, Bryant, and others that the concentration of an injected carcinogen had a direct relation to the incidence and the latent period of subcutaneously induced tumors, Wynder *et al.* (1957) undertook a skin-painting study

[To establish the minimum dose of benzopyrene capable of producing skin cancers in mice and rabbits with the same technique of application employed in previous studies [Wynder *et al.* (1953a, 1953b, 1956); Graham *et al.* (1957)].

The previous studies cited were those by Wynder and his colleagues on the production of carcinoma in mice or rabbits by skin painting with cigarette "tar" (or MS CSC).

Data collected on the effect of variously diluted solutions of BaP on mouse epithelium are summarized in **Table 20** for the Swiss strain mouse. Data obtained with the CAF1 and C57BL mouse strains showed essentially the same results, *i.e.*, no significant differences in tumor susceptibility were found among the three mouse strains. The data obtained from the BaP treatment of rabbits with variously diluted solutions of BaP not only indicated there was a dose at and below which no tumors developed but also indicated a significant difference in species response: The rabbit was much less susceptible to tumor induction by BaP than the mouse, a

**TABLE 20: PAPILLOMA AND CARCINOMA PRODUCTION BY BENZO[*a*]PYRENE IN SKIN-PAINTED MICE (SWISS STRAIN)**

Percent Benzo[*a*]pyrene in Acetone (w/v) in Studies by

No. of Weeks of Application	Wynder et al., (1957)			Hecht et al., (1976)			Wynder et al., (1957)			Hecht et al., (1976)			Wynder et al., (1957)			Hecht et al., (1976)		
	<u>0.01</u>			<u>0.01</u>			<u>0.005</u>			<u>0.005</u>			<u>0.001</u>			<u>0.0005</u>		
	S*	P	C	S	P	C	S	P	C	S	P	C	S	P	C	S	P	C
4.3	20	0	0				20	0	0				20	0	0	20	0	0
8.7	20	0	0				19	0	0				20	0	0	20	0	0
10				20	0	0				20	0	0						
13	20	1	0				19	0	0				20	0	0	20	0	0
17.3	20	3	0				19	0	0				20	0	0	20	0	0
20				19	0	0				20	0	0						
21.7	20	3	0				19	0	0				20	0	0	20	0	0
25				19	1	0				20	0	0						
26	19	3	0				19	0	0				19	0	0	20	0	0
30.3	19	9	3				16	2	0				19	0	0	17	0	0
34.7	11	17	8				15	3	1				19	0	0	17	0	0
35				18	10	0				20	1	1						
39	8	17	10				13	3	1				18	0	0	17	0	0
43.3	8	17	13				11	4	2				16	0	0	17	0	0
45				14	18	7				17	3	1						
47.7	1	17	16				10	7	3				16	0	0	14	0	0
52	0	17	17				9	8	5				15	0	0	14	0	0
55				0	18	16				15	9	2						
56.3							3	9	9				13	0	0	14	0	0
60.7							2	11	10				11	0	0	12	0	0
62										12	10	7						
65							2	11	11				7	0	0	12	0	0
69.3							1	11	11				7	0	0	11	0	0
78							0	11	11				6	0	0	7	0	0
82.3													4	0	0	4	0	0
86.7													0	0	0	2	0	0
91																0	0	0

\* S = number of surviving mice; P = number of mice with papilloma; C = number of mice with carcinoma

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finding previously demonstrated by Berenblum and Schoental (1947)<sup>f</sup>. Carcinoma production in rabbits required skin-painting with a solution of 0.5% BaP in acetone. No carcinoma was induced in the rabbits when the painting solution was 0.005% BaP. Table 20 shows the Swiss mouse response to this dose level: 11 of 20 Swiss mice with carcinoma. The percentages of carcinoma-bearing animals with the 0.005% BaP solution were as follows: rabbit, 0; Swiss mouse, 55%; CAF<sup>1</sup> mouse, 85%; C57BL mouse, 75%.

Wynder, Fritz, and Furth (1957) stated:

From the practical point of view, the most striking feature of the present study is the fact that a five-fold dilution of a 0.005 percent benzopyrene solution [*i.e.*, from 0.005% to 0.001%] in acetone changes the response from one where nearly all the animals develop cancer to one where very few<sup>1</sup> develop cancer.

<sup>1</sup> At a dose level of 0.001% BaP, neither the Swiss nor the C57BL mouse strains nor the rabbits showed any papillomas or carcinomas.

Although the authors did not comment on the fact that a 10-fold dilution of the 0.005% BaP solution (*i.e.*, from 0.005% to 0.0005% BaP failed to produce malignant tumors in either the three mouse strains or the rabbits, they did note that the MS CSC used in their previous skin-painting studies showed a BaP concentration of no more than 2 ppm, *i.e.*, 2 µg of BaP per gram of CSC. A 50% MS CSC-acetone (w/v) solution would contain 1 µg of BaP per ml, approximately a 0.0001% solution with respect to BaP. In their discussion, Wynder *et al.* (1957) wrote that their results confirmed the views and findings of Kennaway (1948) and Poel (1956):

[T]here is obviously a level below which even lifelong exposure to a given amount of a carcinogen will not produce tumors in experimental animals.

More recently, Hecht *et al.* (1976) studied tumor generation in Swiss strain mice skin painted at two dose levels (0.01% or 0.005%) for 62 weeks with acetone solutions of BaP. Their results with respect to tumor generation, also shown in Table 20, essentially agreed with those of Wynder *et al.* (1957) for the 0.01% and 0.005% solutions. However, the survival rate for the mice treated with the 0.005% BaP solution in the study by Hecht *et al.* was much greater at the end of 62 weeks than that for the mice similarly treated in the study by Wynder *et al.*

The phenomenon of absence of tumor production at extremely low dose levels is not confined to MS CSC or its PAH components. Similar effects have been observed and reported in comparable studies with carcinogenic amines such as the aminoazo dyes: Reduction of their dose level by limitation of the administered dose or by suitable dilution of the compound under study eventually reached a dose level at which no tumors were produced during the course of the experiment, usually the lifespan of the animal (Miller and Miller, 1953).

<sup>f</sup> Berenblum and Schoental (1947) determined that the rabbit and the mouse were equally susceptible to the tumorigenicity of coal tar but the rabbit was much less susceptible to the tumorigenicity of BaP than the mouse and much more susceptible to the tumorigenicity of certain coal tar fractions than the mouse.

MS CSC does not contain aminoazo compounds *per se* but does contain amines whose biological properties observed in laboratory animals are somewhat similar to those of the aminoazo compounds.

### Ciliastasis Studies

The inability to explain less than 2% of the biological response in laboratory animals skin-painted with CSC solutions on the basis of its content of known tumorigens, promoters, and cocarcinogens led to the incorporation into the theory of tobacco smoke tumorigenesis the concept of respiratory tract ciliastasis: It was proposed that impairment of ciliary action would result in prolonged exposure of the ciliated tissue to the inhaled particle and the tumorigens contained therein.

Wynder and Hoffmann (1964, 1967) commented on this as follows:

All studies reported to date have shown that cigarette smoke affects the metachronic activity of cilia, a motion that is necessary to propel the viscid mucoid mass. During inhalation, in the absence of effectively beating cilia, mucus flow slows down and perhaps stops. At that time, components in cigarette smoke may act upon the underlying cells, as can the entrapped particles.

Wynder and Hoffmann commented several times on the fact that most of the known ciliastatic components of MS demonstrated to be ciliastatic in various *in vitro* systems were water soluble and this property would markedly influence their fate and behavior during and after inhalation. In 1965, they noted (Wynder and Hoffmann, 1965):

As far as human smoking habits are concerned, it remains also to be estimated to which extent volatile smoke components reach the bronchial tree. Preliminary studies indicate that a significant proportion of the gaseous components is being retained within the oral cavity.

and in 1967 (Wynder and Hoffmann, 1967):

Water-soluble volatile components, which are primarily responsible for the results of the acute *in vitro* short-term cilia toxicity tests, are, to a large extent, removed when cigarette smoke contacts the saliva in the mouth and the abundant secretions of the trachea and main bronchi.

The topic dealing with ciliastasis and MS ciliastats (from testing in *in vitro* systems) is of particular interest with respect to the ETS situation because of the data showing:

- The major ciliastats in tobacco smoke are water soluble. These include the ciliastats formaldehyde, acetaldehyde, crotonaldehyde, ethyl carbamate, and hydrazine<sup>\*</sup>, water-soluble tobacco smoke components that appear as tumorigens on the two "Lists of 43" (Table 4).

<sup>\*</sup> Other water-soluble tobacco smoke components categorized as ciliastats on the basis of *in vitro* test results include ammonia, hydrogen cyanide, acrolein, acetone, nitrogen dioxide, low molecular weight phenols. The phenols are distributed between the particulate and vapor phases of tobacco smoke.

- Dose reduction (effectively, dilution) of MS or some of its "ciliastatic" components or ciliastatic fractions eventually results in a dose or concentration level at which no ciliastasis is produced in the *in vitro* systems used.
- A large proportion of the inhaled MS components categorized as ciliastats (and in some instances as tumorigens) does not reach the ciliated areas of the respiratory tract because of their removal from the smoke stream during passage over the moist tissues of the mouth and trachea (Dalhamn *et al.*, 1968a, 1968b; Rodgman *et al.*, 1964).
- Ciliastatic compounds inhaled nasally are removed from the inhaled gas stream by "resorption." This raises the question as to how much formaldehyde or acetaldehyde or crotonaldehyde in ETS, an already extremely dilute system, will reach the lung whether inhaled orally or nasally! Are the levels of these tobacco smoke components in ETS sufficient for these compounds to be included on the "Lists of 43?"

### *Ciliastasis Studies with CSC Fractions*

Wynder and Hoffmann (1962b, 1963a) in their study in mussels of the ciliastatic activity of aqueous extracts of various fractions of smoke condensate demonstrated that reduction of the applied dose of each of the fractions tested eventually changed the ciliastasis from "immediate and complete" to "none." Their findings are summarized in Table 21.

TABLE 21: CILIARY ACTIVITY, CIGARETTE SMOKE FRACTIONS, AND DOSE LEVEL

Cigarette Smoke Fraction From Which Aqueous Extract Was Obtained	% of Smoke <sup>a</sup>	Immediate & Complete Ciliastasis at Dc <sup>b</sup>	Complete Ciliastasis in 10-40 min at D10	No Apparent Ciliastasis at Do	Dc/Do
Phenolic fraction	9.3 (16.0) <sup>d</sup>	0.03	0.015	0.002	15
Acidic fraction <sup>c</sup>	2.2 (11.0)	0.04	0.02	0.007	6
Neutral fraction	47.2 (0.9)	..	0.27	0.034	8 <sup>e</sup>
"Insoluble" fraction	14.0 (20.0)	1.1	0.55	0.055	20
Basic fraction	8.7 (65.0)	1.95	0.98	0.08	24

<sup>a</sup> The unit for Dc, D10, and Do is gram/100 ml.

<sup>b</sup> The values for each fraction as a percentage of total smoke condensate were previously described by Wynder and Hoffmann (1961a, 1961b).

<sup>c</sup> Phenol-free.

<sup>d</sup> Number in parentheses is percentage of smoke fraction that is soluble in water.

<sup>e</sup> Value for D10/Do.

Calculation of the ratio Dc/Do, where Dc is the dose producing "immediate and complete" ciliastasis and Do is the dose producing "zero" ciliastasis, gives values ranging from 6 to 24, *i.e.*, a 24-fold dilution of every MS CSC fraction tested in this study resulted in or

would result in a non-ciliastatic situation.

The data in Table 21, originally reported at the annual AACR meeting by Wynder and Hoffmann (1962b), were subsequently published, but in less detail, by Wynder and Hoffmann (1963a) in 1963.

### *Ciliastasis Studies With Individual Cigarette Smoke Components*

Examination of the *in vitro* ciliastasis produced by a variety of MS components reveals that for all components studied there is a level below which no ciliastasis is observed. Guillerm *et al.* (1961) studied the effect of various MS components in the *in vitro* system, ciliated rat trachea. Concentrations less than those shown in Table 22 produced no ciliastasis in ciliated rat trachea. All of the compounds listed in Table 22 are primarily vapor-phase components of MS.

TABLE 22: LOWEST CONCENTRATIONS IN RINGER SOLUTION LEADING TO CILIASTASIS IN CILIATED RAT TRACHEA

Compound	Concentration, $\mu\text{g}/\text{L}$
acrolein	90
formaldehyde*	200
acetaldehyde*	3,000
propionaldehyde	3,500
isobutyraldehyde	4,500
2-furaldehyde	7,500
butanone	80,000
acetone	100,000

\* On the "Lists of 43" (Table 4)

Wynder and Hoffmann (1963a) in their study of the phenolic components of cigarette smoke also reported that reduction of the concentrations of solutions of the simple phenols (phenol, *o*-cresol, *m*-cresol, *p*-cresol, *o*-ethylphenol, 2,4-dimethylphenol) from 1.0% to 0.05% (a 20:1 dilution) reduced the ciliary activity of each solution in an *in vitro* system to zero:

At the highest concentration (1.0%), the phenol derivatives demonstrated greater ciliastatic effects than did phenol itself. At the lowest concentrations tested (0.05%), none of the phenols induced ciliastasis.

### *Nose Inhalation of ETS vs Mouth Inhalation of MS*

Rodgman (1991, 1992) discussed the effect of water solubility of tobacco smoke components reported to be ciliastatic in *in vitro* systems on the ultimate exposure of the smoker's lungs to MS or the nonsmoker's lungs to ETS.

Early in the study of the effect of MS components on ciliary activity, it was realized that all of the MS components (formaldehyde, acetaldehyde, acrolein, hydrogen cyanide, formic acid,

acetic acid, etc.) that produced ciliastasis in *in vitro* systems were water-soluble. This observation led to proposals (Dalhamn and Sjoholm, 1963; Dalhamn and Rylander, 1964; Rodgman *et al.*, 1964; Wynder, 1964; USPHS, 1964; Wynder *et al.*, 1965a, 1965b; Wynder and Hoffmann, 1967, 1968) that this water solubility would result in removal of substantial amounts of the *in vitro* ciliastatic components from the MS by their solution in the aqueous fluids coating the surfaces of the oral cavity and trachea during the time that the MS was held in and/or traversed these portions of the respiratory tract. The levels of ciliastats reaching the ciliated areas in the smoker's lower respiratory tract would produce insignificant ciliastasis, if any at all. This "scrubbing" of ciliastatic components from the inspired MS stream was demonstrated in smokers by Rodgman *et al.* (1964) and Dalhamn *et al.* (1968a). Nasally inhaled components are removed in the nasal cavity by "resorption", a process similar to the "scrubbing" of water-soluble components from gas streams such as MS VP.

In his studies of the ciliastatic activity of sulfur dioxide, subsequently identified as a minor tobacco smoke VP component (Terrell and Schmeltz, 1970), Dalhamn (1961) demonstrated that sulfur dioxide was a powerful ciliastat *in vitro* at or below 100 ppm but did not produce ciliastasis *in vivo* at or below 100 ppm because much of the sulfur dioxide was removed in the nasal cavity. Dalhamn found that in rabbits exposed to 300, 200, and 100 ppm of sulfur dioxide, the percentage showing cessation of ciliary activity within 45 minutes was 90, 60, and 0, respectively. Removal of inhaled components in the nasal cavity, termed "resorption," is similar to the "scrubbing" of water-soluble components from gas streams, e.g., MS VP. This nasal resorption is an important process not only from a ciliastasis-MS component point of view but also from an ETS point of view since ETS, in contrast to MS which is primarily inhaled via the mouth, is inhaled primarily through the nose. ETS VP components that would be removed through resorption in the nasal cavity include formaldehyde, acetaldehyde, crotonaldehyde, hydrazine, and possibly ethyl carbamate, five MS components listed by Hoffmann and Hecht (1990) as "tumorigens" in MS. Thus, very little, if any, of these water-soluble components, already highly diluted in ETS, would reach the lungs and the ciliated tissue to be involved in lung cancer causation attributed to ETS by some authors. As noted by Aviado (1990), data from inhalation studies in animals indicate it is unlikely that either formaldehyde or hydrazine contribute to pulmonary carcinogenesis.

Dalhamn and Rylander (1965) commented on the possible differences in the effects produced by mouth inhalation vs nose inhalation of tobacco smoke:

The most important point is probably that the smoke is administered through the mouth. If smoke is administered through the nose quite different absorption conditions are present, and it is likely that the smoke which enters the lungs differs considerably from that inhaled through the mouth. This could also be one of the factors which explains why in animal experiments no tumor-producing effects have been found by tobacco smoke in inhalation studies where the smoke was administered through the nose.

In 1968, Dalhamn *et al.* published the results of their studies with humans on the mouth absorption (1968a) and lung retention (1968b) of various components of cigarette smoke. As noted earlier, the findings that a substantial percentage of the levels of MS water-soluble

components demonstrated to be ciliastatic *in vitro* is absorbed in the oral cavity lessened the interest in ciliastasis produced by MS components. The data generated by Dalhamn *et al.* also served a second useful purpose in that they demonstrated:

- The remarkable difference, albeit with respect to only a few MS smoke components, between the compositions of inhaled and exhaled MS, and
- All of the few components measured in the inhaled MS were found in the exhaled MS, *i.e.*, none was 100% retained in the lungs, etc. nor 100% absorbed in the oral cavity.

These data are summarized in **Tables 23 and 24**. It is obvious that mouth absorption of such water-soluble ciliastats as acetaldehyde (60%) and acetone (56%) is substantial (**Table 23**); whereas, the mouth absorption of the relatively water-insoluble components isoprene (20%), toluene (28%), and CO (3%) is much less.

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TABLE 23: LUNG RETENTION AND MOUTH ABSORPTION OF SEVERAL CIGARETTE MS COMPONENTS

Smoke Component	Delivery	Per Cigarette MS					
		Inhalation into Lungs			Held in Mouth for 2 sec.		
		Retention	%	Exhaled	Absorbed in	Mouth*	%
acetaldehyde, $\mu\text{g}$	940	930	99	10	560	60	380
acetone, $\mu\text{g}$	570	490	86	80	320	56	250
acetonitrile, $\mu\text{g}$	320	282	91	28	230	74	80
isoprene, $\mu\text{g}$	560	554	99	6	110	20	450
toluene, $\mu\text{g}$	250	232	93	18	70	28	180
CO, mg	30.0 <sup>b</sup>	16.2	54	13.8	0.9	3	29.1
TPM, mg	30.0	28.8	96	1.2	4.8	16	25.2

\* No inhalation  
b Per cigarette CO delivery assumed to be the same as per cigarette TPM delivery.

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The data in **Table 24** are derived from those of Dalhamn *et al.* (1968a, 1968b): The change in the composition of the MS delivered by the cigarette to the composition of the MS exhaled by the smoker is readily seen from the ratios, *e.g.*, acetaldehyde is inhaled by the smoker at a ratio of 31.3  $\mu\text{g}/\text{mg}$  TPM but is exhaled at a ratio of 8.3  $\mu\text{g}/\text{mg}$  TPM; acetone is inhaled at a ratio of 19.0  $\mu\text{g}/\text{mg}$  TPM but exhaled at a ratio of 66.7  $\mu\text{g}/\text{mg}$  TPM. Similarly, the MS composition is altered by holding the smoke in the mouth without inhalation. Since these exhaled smokes — whether originally inhaled, held in the mouth with no or minimal inhalation, or some blend of both (inhalation and mouth retention) — ultimately contribute to ETS, it is obvious that the contribution is not equivalent quantitatively to the MS originally generated by the cigarette.

**TABLE 24: DIFFERENCE BETWEEN COMPOSITION OF INHALED AND EXHALED MS AND BETWEEN MOUTH-HELD AND EXHALED MS**

Smoke Component	Delivery Ratio	Per Cigarette Ratios, $\mu\text{g/g}$ TPM or $\text{mg/g}$ TPM	
		Inhalation into Lungs & Exhaled, Exhaled MS Ratio	Held in Mouth for 2 sec. <sup>a</sup> & Exhaled, Exhaled MS Ratio
acetaldehyde, $\mu\text{g}$	31.3	8.3	15.1
acetone, $\mu\text{g}$	19.0	66.7	9.9
acetonitrile, $\mu\text{g}$	10.3	23.3	3.2
isoprene, $\mu\text{g}$	18.7	5.0	17.9
toluene, $\mu\text{g}$	8.3	15.0	3.2
CO, $\text{mg}$	1.0 <sup>b</sup>	11.5	1.15
TPM, $\text{mg}$	1.0	1.0	1.0

<sup>a</sup> No inhalation

<sup>b</sup> Per cigarette CO delivery assumed to be the same as per cigarette TPM delivery

The data presented by Dalhamn *et al.* (1968a, 1968b) on lung retention of MS components were similar to data reported in 1951 by Laskowski (1951) and to data on lung retention and mouth absorption of ciliastats by Rodgman *et al.* in 1964. The various sets of data are summarized in Table 25. Each set of data indicates that exhaled MS is substantially different quantitatively from the inhaled MS.

If MS is mouth inhaled and held for any length of time (a few seconds) in the mouth prior to being drawn into the lungs, some of the MS water-soluble VP components are "scrubbed" from the smoke stream and reach the ciliated areas at much reduced concentrations. This is also true to a lesser degree for water-soluble components of the particulate phase (see Tables 23-25). The exposure of the lungs to MS entities alleged to be tumorigenic will be much less than some authors claim. Similarly, in nose inhalation of ETS, some of its water-soluble components (formaldehyde, acetaldehyde, crotonaldehyde, ethyl carbamate, hydrazine) — alleged to be tumorigenic at the levels in MS — will be "resorbed" in the nasal cavity and reach ciliated areas at concentrations reduced not only by the "resorption" mechanism but also by the dilution inherent in ETS generation from exhaled MS and SS produced during inter- and intrapuff smoldering. The exposure of the lungs to these "tumorigens" will obviously be substantially less than some writers claim.

Thus, these mechanisms — "scrubbing" and "resorption" — effective in substantially diminishing the amounts of MS water-soluble *in vitro* ciliastats that reach the lung during active smoking will be operative during ETS inhalation, whether oral or nasal, and diminish the amounts of the same and similar ETS components that reach the lung. This diminution in amounts will be particularly pertinent in the case of the smoke components formaldehyde, acetaldehyde, crotonaldehyde, ethyl carbamate, and hydrazine on the "Lists of 43."

TABLE 25: LUNG RETENTION AND MOUTH ABSORPTION DATA

Smoke Component	% Retention or Absorption				Dalhamn <i>et al.</i> (1968a, 1968b)	
	LR <sup>a</sup>	MA <sup>a</sup>	LR	MA		
aldehydes & ketones <sup>b</sup>	99	....	80-90	40-67	....	....
acetaldehyde	.... <sup>c</sup>	....	....	....	99	60
acetone	....	....	....	....	86	56
acetonitrile	....	....	....	....	91	74
isoprene	....	....	80-92	5-10	99	20
toluene	....	....	....	....	93	28
TPM	....	....	80-90	10-15	96	16
nicotine	67	....	....	....	....	....
pyridine	98	....	....	....	....	....
ammonia	98	56	....	....	....	....
phenols	57	....	....	....	....	....
carboxylic acids	44	....	....	....	....	....
CO	....	....	....	....	54	3

<sup>a</sup> LR = percentage retained in lungs; MA = percentage absorbed in mouth

<sup>b</sup> About 70 to 75% of the volatile aldehydes and ketones in MS is acetaldehyde plus acetone. For cigarettes in the 1950s and 1960s, the acetaldehyde:acetone ratio approximated 2:1.

<sup>c</sup> .... = not determined.

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### ***ETS as a Highly Dilute System: Comparison of Biological Properties and Exposure Levels for MS, SS, and ETS***

Visual comparisons of MS, SS, and ETS reveal that these three entities are indeed different 'smokes.' Visual examination of the MS generated during the smoking of a cigarette on a laboratory smoking machine where the MS stream is visible reveals that it is obviously a concentrated "smoke" (or aerosol). Similarly, examination of SS in a laboratory smoking machine designed for SS collection reveals that SS is a visually dense smoke (or aerosol). Examination of SS generated during human smoking of a cigarette reveals that the SS aerosol is relatively dense adjacent to the generating site at the burning cone-tobacco rod interface and becomes more and more dilute as the SS aerosol particles move away from the cigarette. Eventually, this SS aerosol - in the process of contributing to ETS - becomes so dilute that the aerosol particles are no longer visible in ETS. Similarly, exhaled MS becomes less and less visible as it disperses after exhalation and contributes to what is defined as ETS. ETS is universally recognized as being a much more dilute system than any of its precursors, exhaled MS and intra- and interpuff-generated SS.

In the 1986 Surgeon General's report (USPHS, 1987), it was noted with respect to ETS:

Although ETS is a far less concentrated aerosol than undiluted MS, both inhalants contain the same volatile and nonvolatile toxic agents and carcinogens...

and

However, comparisons of MS and ETS should include the consideration of the differences between the two aerosols with regard to their chemical composition, including pH levels, and their physicochemical nature (particle size, air dilution factors, and distribution of agents between vapor phase and particulate phase). Another important consideration pertains to the differences between inhaling ambient air and inhaling a concentrated smoke aerosol during puff-drawing. Finally, chemical and physicochemical data established by analysis of smoke generated by machine-smoking are certainly not fully comparable to the levels and characteristics of compounds generated when a smoker inhales cigarette smoke.

The last sentence in this quotation is recognition that the per cigarette values reported in the literature for components in MS are the values determined for the MS issuing from the butt-end of the cigarette and presumably entering the smoker's system. Never have these machine-generated values been corrected for the portion of the MS not retained by the smoker, *i.e.*, the exhaled MS which may represent from 10 to 50% of the inhaled MS, depending on the smoker's individual smoking pattern.

In its review of ETS, the NAS-NRC (1986) compared the concentrations of 10 components of MS in MS and in indoor air where cigarette smoking was permitted. For nicotine, the concentrations ranged from 430,000 to 1,080,000 ppb for MS and ranged from 0.15 to 7.5 ppb for ETS. From these data, NAS-NRC calculated that the peak level of ETS nicotine inhaled by nonsmokers is much less than the MS nicotine inhaled by the smoker by a factor ranging from 57,333 (430,000/7.5) to 7,200,000 (1,080,000/0.15). The range 57,333 to

7,200,000 represents the dilution factor between MS inhalation and ETS inhalation for nicotine. In MS, nicotine is a particulate-phase component; in ETS, it is a vapor-phase component.

The results of similar calculations for two vapor-phase components, acrolein and acetone, of MS and ETS and for two components listed by Hoffmann and Hecht (1990), EPA (1990b), and OSHA (1994) — BaP (a particulate-phase component of both MS and ETS) and benzene (a vapor-phase component of both MS and ETS) — are summarized in Table 26.

**TABLE 26: DILUTION FACTORS: MS COMPONENTS INHALED BY A SMOKER vs ETS COMPONENTS INHALED BY A NONSMOKER BREATHING ETS-CONTAINING INDOOR AIR**

<u>Tobacco Smoke Component</u>	<u>MS/ETS Dilution Factor</u>
nicotine	57,333-7,200,000
acrolein	1,500-20,833
benzene	112-7,167
acetone	240-2,000
benzo[a]pyrene	68-40,740

Since the chemical and physical properties of acrolein are similar to those of the vapor-phase aldehydes listed by Hoffmann and Hecht (1990), EPA (1990b, 1992), and OSHA (1994) as tumorigens in MS (see Table 4: formaldehyde, acetaldehyde, crotonaldehyde), it is highly probable that their dilution factor ranges will approximate that shown for acrolein in Table 26. Similarly, the dilution factor ranges for the other PAHs listed as tumorigens in ETS by OSHA and EPA should approximate that for BaP.

For 20 components present in SS, Gori and Mantel (1991) estimated the number of cigarettes required to reach the Threshold Limit Values (TLV) established by the American Conference of Governmental and Industrial Hygienists (1990). Their estimates for the number of cigarettes to generate the TLV for seven components listed by OSHA (1994) and eight components listed by Hoffmann and Hecht (1990) and EPA (1990b, 1992) as tobacco smoke "tumorigens" are summarized in Table 27. The space in their calculation was assumed to be sealed, unventilated, and with a 100-m<sup>3</sup> volume.

**TABLE 27: ESTIMATED NUMBER OF CIGARETTES REQUIRED TO REACH THE THRESHOLD LIMIT VALUE (TLV) FROM SS EMISSION OF SELECTED COMPONENTS IN A SEALED, UNVENTILATED 100-m<sup>3</sup> ENCLOSURE**

<u>SS Component</u>	<u>SS Output<sup>a</sup>, mg/cigt</u>	<u>TLV<sup>b</sup>, mg/m<sup>3</sup></u>	<u>Cigarettes Required</u>
cadmium	0.0007	0.01	1,430
acetaldehyde	1.26	180	1,430
benzene	0.24	32	13,300
nickel	0.0025	1	40,000
hydrazine	0.00009	0.13	145,000
benzo[a]pyrene	0.00009	0.2 <sup>c</sup>	222,000
2-toluidine	0.003	9	300,000
polonium-210	0.4pCi	3 pCi/L <sup>d</sup>	750,000

<sup>a</sup> Data from EPA (1990a). See C-19 and 20, Table C-2.

<sup>b</sup> Data from ACGIH (1990).

<sup>c</sup> Based on TLV for coal tar pitch volatiles.

<sup>d</sup> EPA (1990c).

Reduction of the administered dose of CSC, CSC fractions, or individual MS components profoundly affects the biological response observed in several assays such as those involving dose administration via skin painting (carcinogenesis), via exposure of ciliated tissue (ciliastasis), or "whole body" or "nose only" exposure via inhalation with intact mammals (carcinogenesis). When an exposure at a dose level which produced a markedly high response was diminished by reduction of the dose level, the response was substantially reduced and in many instances was no longer observed. The information summarized in Table 28 indicates that a 20- to 25-fold reduction in dose of the administered MS fractions or components generally nullified the response. In some instances, this nullification of the response was observed at a 3-fold dose reduction.

For the MS and ETS components listed, the data in Table 26 indicate that BaP shows a dilution range, according to the NAS-NRC (1986), for MS vs ETS from 68 to 40,740, *i.e.*, the lowest dilution encountered for BaP is 68. Examination of the summarized data on skin-painting studies indicate this 68-fold dilution is more than three times the 20-fold dose reduction (100 µg to 5 µg) that diminished the response (carcinoma development) observed in BaP-painted mice from 64% to 0% tumor-bearing animals (TBA). This 68-fold dilution is nearly seven times the 10-fold dose reduction (50 µg to 10 µg) in BaP that reduced the tumor production as measured by percent tumor-bearing animals from 55% to 0%.

This diminution of observed tumorigenicity as a result of dose reduction is not limited to skin-painting studies.

In an experiment involving subcutaneous injection of dibenz[a,h]anthracene (DBA), it was observed that a 10-fold reduction (from 10 µg to 1 µg) in the amount of DBA injected into the

**TABLE 28: SUMMARY: EFFECTS OF DOSE REDUCTION AND/OR DILUTION ON THE BIOLOGICAL PROPERTIES OF MS CSC FRACTIONS, OR INDIVIDUAL MS COMPONENTS**

Assay	System	MS Entity	n =	n-Fold Dose Reduction,	Effect Produced	Reference
<i>Skin Painting (SP) Studies</i>						
SP	SB, m	MS CSC	cont		10.0 g/yr/m gave 60% PBA	Wynder <i>et al.</i> (1957a,
			1.33		7.5 g/yr/m gave 35% PBA	1957b)
			2		5.0 g/yr/m gave 10% PBA	
			3.33		3.0 g/yr/m gave 0% PBA	
SP	SB, m	MS CSC	cont		50 mg (50%) CSC-acetone gave 45% TBA	Wynder and Hoffmann
			1.5		33 mg (33%) CSC-acetone gave 34% TBA	(1965)
			2.5		20 mg (20%) CSC-acetone gave 25% TBA	
			5		10 mg (10%) CSC-acetone gave 8% TBA	
			10		5 mg (5%) CSC-acetone gave 2% TBA	
SP	SB, m	MS CSC	cont		25 mg CSC in acetone gave 51% TBA	Gori (1977)
			8.3		3 mg CSC in acetone gave 2% TBA	
SP	SB, m	MS CSC	cont		25 mg CSC in acetone gave 46% TBA	Gori (1977)
			8.3		3 mg CSC in acetone gave 1% TBA	
SP	SB, m	BaP	cont		100 µg in acetone gave 85% TBA	Wynder <i>et al.</i> (1957)
			2		50 µg in acetone gave 55% TBA	
			20		5 µg in acetone gave 0% TBA	
			cont		50 µg in acetone gave 55% TBA	
			10		5 µg in acetone gave 0% TBA	
			50		1 µg in acetone gave 0% TBA	
<i>Subcutaneous Injection (SC) Studies</i>						
SC	m	DBA	cont		10 µg in solvent gave 11% TBA	Dobrowolskaia-
			2		5 µg in solvent gave 4% TBA	Zavadskaia (1938)
			10		1 µg in solvent gave 0% TBA	
<i>Ciliastasis (Cil) Studies</i>						
Cil	CT, m	SO <sub>2</sub>	cont		300 ppm produced ciliastasis in 90% of the animals in 45 min	Dalhamn (1961)
			1.5		200 ppm produced ciliastasis in 60% of the animals in 45 min	
			3		100 ppm produced ciliastasis in none of the animals in 45 min	
Cil	CT	CSC Ph	cont		0.03 g/100 ml produced immediate and complete ciliastasis	Wynder and Hoffmann (1962b, 1963a)
			15		0.002 g/100 ml produced no ciliastasis	
Cil	CT	CSC Ac	cont		0.04 g/100 ml produced immediate and complete ciliastasis	Wynder and Hoffmann (1962b, 1963a)
			6		0.007 g/100 ml produced no ciliastasis	

Table 28: Continued

Assay	System	MS Entity	n =	n-Fold Dose Reduction,	Effect Produced	Reference
Cil	CT	CSC Nt	cont	0.27 g/100 ml produced complete ciliastasis in 10 to 40 min	Wynder and Hoffmann (1962b, 1963a)	
			8	0.034 g/100 ml produced no ciliastasis		
Cil	CT	CSC In	cont	1.10 g/100 ml produced immediate and complete ciliastasis	Wynder and Hoffmann (1962b, 1963a)	
			20	0.055 g/100 ml produced no ciliastasis		
Cil	CT	CSC Ba	cont	1.95 g/100 ml produced immediate and complete ciliastasis	Wynder and Hoffmann (1962b, 1963a)	
			24	0.08 g/100 ml produced no ciliastasis		
<i>Inhalation (Inh) Studies</i>						
Inh	WB, m	MS	0	No human-type carcinoma produced	Aviado (1990)	
Inh	NO, m	MS	10	No human-type carcinoma produced	Aviado (1990)	
Inh	NO, h	BaP	Footnote <sup>a</sup>	Results on lung tumor production rated "equivocal" by RTECS	Aviado (1990)	
Inh	NO, m	BaP	Footnote <sup>b</sup>	Results on lung tumor production rated "equivocal" by RTECS	Aviado (1990)	
Inh	NO, r	DMNA	Footnote <sup>c</sup>	Results on lung tumor production rated "equivocal" by RTECS	Aviado (1990)	
Inh	NO, m	DMNA	Footnote <sup>c</sup>	Results on lung tumor production rated "equivocal" by RTECS	Aviado (1990)	
Inh	NO, m	DENA	Footnote <sup>c</sup>	Results on lung tumor production rated "equivocal" by RTECS	Aviado (1990)	
<u>Abbreviations</u>						
Ac	= acidic fraction	m	= mouse			
Ba	= basic fraction	MS	= mainstream smoke			
BaP	= benzo[a]pyrene	MS CSC	= mainstream cigarette smoke condensate			
Cil	= ciliastasis	NO	= nose-only exposure			
cont	= control	Nt	= neutral fraction			
CSC	= cigarette smoke condensate	PBA	= papilloma-bearing animals			
CT	= ciliated tissue	Ph	= phenol fraction			
DBA	= dibenz[a,h]anthracene	r	= rat			
DENA	= N-nitrosodiethylamine	SB	= shaved back			
DMNA	= N-nitrosodimethylamine	SO <sub>2</sub>	= sulfur dioxide			
g	= gram	SP	= skin painting			
h	= hamster	TBA	= tumor-bearing animals			
In	= insoluble fraction	WB	= whole-body exposure			
Inh	= inhalation	yr	= year			

<sup>a</sup> BaP exposure was equivalent to the BaP generated if 135,700 cigarettes were smoked into a 1-M<sup>3</sup> space.<sup>b</sup> BaP exposure was equivalent to the BaP generated if 20 cigarettes were smoked into a 1-M<sup>3</sup> space.<sup>c</sup> N-Nitrosamine exposure levels far exceeded those encountered in exposure to ETS.

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mice reduced the percent tumor-bearing mice with sarcoma at the site of injection from 11% to 0%. It also showed that 89% of the mice subcutaneously injected with 10  $\mu$ g of the potent carcinogen failed to develop sarcoma at the injection site. This is equivalent to the amount of DBA in the MS of 2,500 cigarettes fabricated in 1962 or 1963 (see **Table 4**).

With MS CSC, Wynder *et al.* (1957a, 1957b) showed that a dose reduction from 10.0 to 3.0 g of CSC per mouse per year resulted in no papilloma-bearing mice in the 3.0 g-treated group. This is a 3.3-fold reduction in the dose of skin-painted MS CSC.

Other studies that have revealed the effect of dose reduction on the degree of a biological response include ciliastasis studies in which ciliated tissue was exposed to MS components or MS CSC fractions. Some of these are also summarized in **Table 28**. When dose reductions ranged from a factor of 3 in the case of the sulfur dioxide study to as much as 24 for the MS CSC fractions, the ciliastasis observed at the higher dose was completely nullified by the dose reduction, *e.g.*, a 24-fold reduction of the amount of the CSC basic fraction administered to the ciliated tissue resulted in a reduction from "immediate and complete" ciliastasis to zero ciliastasis. The dose reductions required to nullify the effect of the other CSC fractions are shown in **Table 28**. These range from a factor as low as 6 for the CSC acidic fraction to one as high as 24 for the CSC basic fraction. These dose reductions nullifying the ciliastatic action are much less than the dilutions noted in **Table 26** for the MS components (acrolein and acetone) known to be ciliastatic in *in vitro* systems involving ciliated tissue. The lowest dilutions for MS vs ETS are 240 for acetone and 1,500 for acrolein. Both these exceed the dose reductions noted in **Table 28** to completely nullify the ciliastasis of sulfur dioxide and the five CSC fractions.

Thus, the MS components demonstrated to be ciliastatic in *in vitro* systems behave much like CSC or several of its components in the mouse skin-painting studies described previously: At a dose reduction equivalent to about a 25:1 dilution, the ciliastatic activity of MS CSC fractions is reduced from "complete and immediate" to "zero", the tumorigenicity of MS CSC in lifetime skin-painting experiments is reduced from about 50% to 0% in terms of percentage tumor-bearing animals at the termination of the experiment, and the tumorigenicity of several MS CSC PAH components such as BaP or DBA in lifetime skin-painting experiments is similarly reduced from more than 50% to 0%. Each of these findings, in contrast to the view promulgated by agencies such as EPA, suggest that there is indeed a threshold level dose for the agent producing the particular effect under study.

Several MS components listed by OSHA (1994), Hoffmann and Hecht (1990), and EPA (1990b), in addition to being classified as tumorigens, are also known to be ciliastatic when tested in several different *in vitro* systems. However, data are available to show that a substantial amount of these ciliastats in MS, because of their water-solubility, do not traverse the oral cavity to reach the lung, their alleged site of action. It is not unreasonable to assume the same phenomenon occurs with ETS components in the nasal cavity.

Another factor that would have a bearing on the effect of ETS inhaled by a nonsmoker and the differences between MS and ETS is the following: Measurements of MS particulate

matter retention in smokers give retentions ranging from 50 to 90%. Retention of ETS has been estimated as about 11% (*cf.* Hiller *et al.*, 1982a, 1982b; Adlkofer *et al.*, 1989). The lowest dilution factor of 68 calculated for BaP (see Table 26) could actually be 4.6 (50/11) to 8.2 (90/11) higher than the value shown, *i.e.*, the dilution factor of 68 for BaP could actually range from 312 (68 x 4.6) to 558 (68 x 8.2). If the % retentions (17 to 41%, depending on the analytical procedure and the subjects' gender) of particulates from *aged and diluted SS* reported by McAughey *et al.* (1994) are used in the calculation, the lowest dilution factor of 68 for BaP would range from 83 to 360. These findings make the dose reduction data and factors shown in Table 28 even more meaningful.

### ***Mutagenesis and Other Studies with ETS***

The early studies on the mutagenicity, particularly as measured in the Ames test with *Salmonella typhimurium*, of MS and MS CSC were reviewed by DeMarini (1983). Little was noted in this publication about the mutagenicity of SS or ETS. The Surgeon General's 1986 report (USPHS, 1987) on involuntary (or passive) smoking included only a brief section on mutagenicity. Urinary mutagenicity, its lack of specificity with regard to MS, and its limitations with regard to its relationship to ETS exposure were discussed as follows:

Tobacco smoke condensate is strongly mutagenic in bacterial systems (Ames test)... A number of compounds, including polycyclic aromatic hydrocarbons, contribute to this mutagenicity. The urine of cigarette smokers has been found to be mutagenic, and the number of bacterial revertants per test plate is related to the number of cigarettes smoked per day (Yamasaki and Ames, 1977). Urinary mutagenicity disappears within 24 hours after smoking the last cigarette (Kado *et al.*, 1985).

For several reasons, the measurement of mutagenic activity of the urine is not a good quantitative measure of tar absorption... Only a small percentage of what is absorbed is excreted in the urine as mutagenic chemicals... The urine of smokers presumably contains a mixture of many mutagenic compounds. In addition, the test lacks specificity, in that other environmental exposures result in urinary mutagenicity. The test may also be insensitive to very low exposures such as involuntary smoking. However, one study, by Bos and colleagues (1983), indicated slightly increased mutagenic activity in the urine of nonsmokers following tobacco smoke exposure.

### ***Effect of ETS Exposure on Nonsmokers***

Since the Surgeon General's 1986 report (USPHS, 1987), the results of several additional studies on urinary mutagenicity and ETS exposure have been published as well as reviews (*cf.* Adlkofer *et al.*, 1989; Eatough *et al.*, 1990a) and critiques (*cf.* Reasor, 1990) of these studies. Several of these studies not only examined the effect of ETS exposure on urinary mutagenicity but also its effect on other factors such as carboxyhemoglobin (COHb) production, nicotine and cotinine levels in body fluids, etc.

**Table 29** summarizes the essence of the experimental procedures used and the results obtained in a number of these laboratory and real-life studies involving measurements of the effects of ETS exposure on the following:

**TABLE 29: MUTAGENESIS AND OTHER STUDIES WITH ETS**

<u>Sample Size</u>	<u>Conditions</u>	<u>Results</u>	<u>Reference</u>
8 NS	Exposed to ETS generated by 10 smokers in poorly ventilated room (110 m <sup>2</sup> , estimated = 275 m <sup>3</sup> ) 6-hr exposure, 157 cigarettes.	Statistically significant enhancement of urinary mutagenicity in passive smokers Concentrated air samples from ETS-containing chamber induced about an 11-fold increases in revertants/plate over pre- and post-experiment air samples.	Bos <i>et al.</i> (1983)
10 NS	1. Exposed for 80 min. to SS (not ETS) from 2 to 4 U. Ky. 1R1 reference cigarettes blown into 16 m <sup>3</sup> chamber, 6 air changes/hr.	No significant increase in serum nicotine and cotinine; urinary nicotine and cotinine increased; salivary nicotine increased in dose-related manner while in chamber, decreased rapidly after exit.	Hoffmann <i>et al.</i> (1984b)
12 NS	2. Same conditions as in 1. above.	No measurable increase in urinary excretion of <i>N</i> -nitrosoproline in NS; urinary excretion of <i>N</i> -nitrosoproline did increase in MS-inhaling smokers (previous publication).	
INF	3. Infants exposed at home to ETS.	Increased salivary and urinary nicotine and cotinine.	
392 S 472 NS	Exposed to ETS generated by spouse (home) and co-workers (work).	Urinary cotinine of smokers S significantly greater than nonsmokers NS and related to number of cigarettes smoked. Urinary cotinine of nonsmokers NS living with smokers S greater than in nonsmokers NS not living with smokers S but not significantly so. Urinary cotinine of nonsmokers NS working with smokers S was significantly greater than in nonsmokers NS not working with smokers S. Urinary cotinine of nonsmokers NS in urban areas was greater than in nonsmokers NS in rural areas.	Matsukura <i>et al.</i> (1984)
100 NS	Comparison of self-reported exposure to levels of biomarkers.	Average cotinine level in nonsmokers NS was 0.3 to 1.0 % of that found in active smokers. Dose response matched self-reported ETS exposure for p.m. samples but not for a.m. samples.	Jarvis <i>et al.</i> (1984)

Table 29: Continued

<u>Sample Size</u>	<u>Conditions</u>	<u>Results</u>	<u>Reference</u>
3 S 3 NS	Exposed to ETS generated by 3 smokers in 12 m <sup>3</sup> room; 2 cigt/hr for 5.5 hr; control samples collected after 3-day nonsmoking period for smokers.	Revertants increase in urine from both active and passive smokers.	Einistoe and Sorsa (1985)
6 S	Exposed to ETS generated by 3 smokers in 10 m <sup>3</sup> room; air exchange rate = 6.8 times/hr; 3 smokers generated ETS while other 3 breathed ETS, then the two groups switched.	COHb after ETS exposure similar to nonsmoking value; plasma cotinine increased slightly by ETS exposure.	Sorsa <i>et al.</i> (1985)
22 S 27 NS* 20 C	Worked at 3 restaurants for 40 hr/week with "extensive exposure to ETS". Non-exposed nonsmokers	Urinary mutagenicity did not increase significantly due to exposure to ETS and other indoor air factors; levels of PAHs such as BaP were relatively high; air was highly mutagenic; urinary mutagenicity observed in 1 of 17 non-exposed nonsmokers C, 4 of 26 work-exposed nonsmokers NS*, and 12 of 19 smokers S.	Husgafvel-Pursiainen <i>et al.</i> (1987)
10 NS 5 S	Exposed to ETS in unventilated room for 8 hr; ETS from 42 cigarettes smoked by 2 smokers over 8 hr.  Exposed to ETS in unventilated room for 8 hr; ETS from 100 cigarettes smoked by 5 smokers over 8 hr.	Plasma and urinary cotinine significantly increased in smokers S and work-exposed nonsmokers NS*; values for work-exposed nonsmokers NS* were only 3.5 to 4.1 % of those for smokers S.  Nonsmokers NS showed increased COHb and cotinine but no significant increase in urinary mutagenicity; smokers showed significant increase in urinary mutagenicity.	Scherer <i>et al.</i> (1987a, 1987b)

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Table 29: Continued

<u>Sample Size</u>	<u>Conditions</u>	<u>Results</u>	<u>Reference</u>
10 NS 5 NS# 10 S	Exposed for 8 hr to ETS generated by 10 smokers so that atmosphere was 10 or 25 ppm in CO.	COHb increased by 0.7 to 2.1% in nonsmokers NS (an increase greater than that usually observed under real-life exposures to ETS); urinary cotinine increased in nonsmokers NS; urinary mutagenicity increased only in smokers S; no difference in biomarkers for nonsmokers exposed to whole ETS (nonsmokers NS) or to ETS VP (masked nonsmokers NS*).	Adlkofler <i>et al.</i> (1988)
10 NS 10 S	Similar to Scherer <i>et al.</i> (1987).	Results essentially same as those reported by Scherer <i>et al.</i> (1987).	Scherer <i>et al.</i> (1989)
12 NS 18 PS 7 MOS 6 HS	Self-reported ETS exposure.	Sister chromatid exchanges elevated in moderate MOS and heavy smokers HS; no differences between nonsmokers NS and passive smokers PS.	Collman <i>et al.</i> (1986)
9 S 7 PS 7 PS* 7 C	Exposed to ETS in indoor restaurants without smoking restrictions	No significant differences between groups/subgroups in sister chromatid exchanges; significant increase in plasma cotinine in ETS-exposed personnel, but level significantly less than that in smokers.	Sorsa <i>et al.</i> (1989)
ST	By a cellular smoke exposure technique, TA98 <i>Salmonella typhimurium</i> exposed to MS from U. Ky. 1R4F cigarettes for 2 hr at a level of 320 mg TPM/m <sup>3</sup> .	TA98 <i>Salmonella typhimurium</i> plus S9 activation system showed a 2-fold increase in the number of revertants/plate.	Bombick <i>et al.</i> (1991)
WBR	WB rat liver cells exposed to MS from U. Ky. 1R4F cigarettes for 1 or 2 hr at levels from 40 to 640 mg TPM/m <sup>3</sup> .	Cytotoxicity of 1R4F MS to rat liver cells was concentration and time dependent; no observed effect at 1- and 2-hr exposure at 40 and 160 mg TPM/m <sup>3</sup> .	
ST WBR	<i>Salmonella typhimurium</i> and WB rat liver cells exposed to ETS for 3 hr at a level of 1.5 mg TPM/m <sup>3</sup> ; control sample exposed to air for 3 hr.	No difference between air- and ETS-treated samples in this assay.	
<u>Abbreviations:</u>			
S	= smoker	MOS	= moderate smoker
NS	= nonsmoker	HS	= heavy smoker
PS	= passive smoker	WBR	= WB rat liver cells
PS*	= passive ex-smoker	NS*	= work-exposed nonsmoker
C	= non-exposed nonsmoker	INF	= infants
ST	= <i>Salmonella typhimurium</i>		
NS#	= nonsmoker wearing particle-trapping mask, thus exposed only to ETS VP		

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- Mutagenicity of nonsmokers' urine (Adlkofer *et al.*, 1988; Bos *et al.*, 1983; Einistoe and Sorsa, 1985; Husgafvel-Pursiainen *et al.*, 1987; Scherer *et al.* 1987a, 1987b, 1989).
- Nicotine and cotinine levels in nonsmokers' body fluids (serum, urine, saliva) (Adlkofer *et al.*, 1988; Hoffmann *et al.*, 1984b; Jarvis *et al.*, 1984; Matsukura *et al.*, 1984; Husgafvel-Pursiainen *et al.*, 1987; Scherer *et al.*, 1987a, 1987b, 1989); Sorsa *et al.*, 1985, 1989).
- N-Nitrosoproline levels in nonsmokers' urine (this study involved SS exposure not ETS exposure) (Hoffmann *et al.*, 1984b).
- Nonsmokers' carboxyhemoglobin (COHb) levels (Adlkofer *et al.*, 1988; Scherer *et al.*, 1987a, 1987b, 1989; Sorsa *et al.*, 1985).
- Several cellular systems (*Salmonella typhimurium*; WB rat liver cells) (Bombick *et al.*, 1991).
- Sister chromatid exchanges in nonsmokers (Collman *et al.*, 1986; Sorsa *et al.*, 1989).

Examination of the findings summarized under "Results" in Table 29 indicates that, in most instances, exposure to ETS produced only minor increases in the factor(s) being measured. The findings, from a diverse set of analyses on ETS-exposed nonsmokers, are those anticipated from the magnitude of the ETS component dilution described by the NAS-NRC (1986) and summarized in Table 26.

No significant rise in urinary mutagenicity in ETS-exposed nonsmokers was found in the majority of studies on urinary mutagenicity. The significance of urinary mutagenicity, supposedly caused by exposure of a nonsmoker to ETS and the mutagens contained therein, has been questioned or minimized by several authorities, *e.g.*, Eatough *et al.* (1990a) wrote in the proceedings of a 1989 conference on ETS:

Exposure to ETS has also been claimed to result in the excretion of mutagens in the urine of nonsmokers [Bos *et al.*, 1983; Sasson *et al.*, 1985; Scherer *et al.*, 1987b]. This...observation, however, is tentative at present [USPHS, 1987a; NAS, 1986] and is, in any event, of uncertain significance.

and again in 1990, they wrote (Eatough *et al.* 1990b):

Further studies on the potential use of mutagenicity as a measure of exposure to environmental tobacco smoke are needed. It should be noted that urine mutagenicity cannot be used to assess exposure [NAS, 1986; Sorsa *et al.*, 1985; Sasson *et al.*, 1985; Scherer *et al.*, 1987b] because of the effects of other sources of mutagens, such as diet.

Reasor's comments on the studies on the relationship between ETS exposure and urinary mutagenicity are difficult to improve upon because of their brevity and pertinence (Reasor,

1990). He wrote:

As a measure of exposure to ETS, studies have been conducted on the ability of concentrated extracts from the urine of nonsmokers to induce mutations in bacteria using the popular Ames assay [Bos *et al.*, 1983; Mohtashamipuri (*sic*) *et al.*, 1987; Putzrath *et al.*, 1981; Scherer *et al.*, 1987a, 1987b; Sorsa *et al.*, 1985]. The rationale behind this approach is that the presence of mutagens in the urine is an indication that the person has been exposed to chemicals that can induce genetic mutations and, theoretically, increase the risk of cancer... [T]o interpret the results of such studies properly, it is necessary to consider certain aspects of the experimental design and analysis that have been employed. In that vein, the following points are significant:

1. The conditions of exposure to ETS in laboratory settings have not always been realistic in that the levels of ETS have been much higher than commonly encountered under ambient conditions [Bos *et al.*, 1983; Mohtashamipuri (*sic*) *et al.*, 1987].
2. It is known that diet can markedly influence the mutagenicity of urine [Sasson *et al.*, 1985]. Possible confounding factors such as diet have not always been controlled for in studies examining the mutagenicity of urine following experimental exposure to ETS [Bos *et al.*, 1983].
3. Claims of increased urinary mutagenicity have not always been supported by the data because of the absence of statistical analysis [Mohtashamipuri (*sic*) *et al.*, 1987; Sorsa *et al.*, 1985] or because of misrepresentation of the actual data presented [Sorsa *et al.*, 1985].
4. The putative urinary mutagens have not been identified.
5. The biological significance of low-level mutagenicity (*sic*) in urinary concentrates has not been established.

Reasor concluded:

When studies in this area are considered together, there is no compelling evidence that exposure to ETS results in an increase in urinary mutagenicity or that it will be possible to assess exposure to ETS by its use.

Nicotine and cotinine have been detected in body fluids of nonsmokers exposed to ETS, but most of the studies show only slight increases over the levels of these two compounds in the body fluids of nonsmokers not exposed to ETS. In most instances, the investigators have rated the increase in nicotine and cotinine levels as not significant.

Data reported by Jarvis *et al.* (1984) on nicotine and cotinine in body fluids of smokers and nonsmokers exposed and not exposed to ETS are summarized in Table 30.

Because of the long half-life of cotinine relative to that of nicotine, the cotinine data are more meaningful than the nicotine data. The results of the cotinine-in-urine measurements are particularly interesting. Cotinine in smokers' urine averaged more than 180 times the average

**TABLE 30: NICOTINE AND COTININE IN BODY FLUIDS OF SMOKERS AND NONSMOKERS EXPOSED AND NOT EXPOSED TO ETS**

<u>Group</u>	<u>Nicotine, ng/ml</u>		<u>Cotinine, ng/ml</u>		
	<u>Plasma</u>	<u>Urine</u>	<u>Plasma</u>	<u>Urine</u>	<u>Saliva</u>
Nonsmokers, Not Exposed	1.04	3.87	0.82	1.55	0.73
Nonsmokers, Exposed	0.77	12.11	2.04	7.71	2.48
Smokers	14.80	1759.9	275.2	1391.0	309.9

for ETS-exposed nonsmokers (1391/7.71) and about 900 times the average for non-exposed nonsmokers (1391/1.55).

However, one cannot and should not conclude from these data that the amount of ETS retained by passive smokers is about one two-hundredths of that retained by active smokers. The fundamental quantitative and phase-related differences between MS and ETS preclude such a conclusion: As noted previously (Rodgman, 1991, 1992), nicotine in MS is protonated and is primarily (> 99.9%) a particulate-phase component; nicotine in SS and ETS is nonprotonated and in ETS is primarily (> 95%) a vapor-phase component. Thus, nicotine uptake from ETS, as measured by nicotine and cotinine levels in body fluids, does not provide a measure of ETS particulate matter uptake.

The magnitude of the nicotine uptake from ETS that resulted in the low levels of nicotine and cotinine in the nonsmokers' body fluids is not considered to represent a toxicological problem to the ETS-exposed nonsmoker (Matsukura *et al.*, 1984).

The slight increases observed in the carboxyhemoglobin levels of ETS-exposed nonsmokers (see summary of such studies in Table 29) due to the carbon monoxide content of ETS are also not considered to represent a significant toxicological problem to the ETS-exposed nonsmoker. The effects on smokers of the exposure to the levels of carbon monoxide in MS and the effects on nonsmokers of exposure to the levels of carbon monoxide in ETS were discussed in detail by Wakeham (1976, 1977). Reiterating his 1976 comments, Wakeham stated in 1977:

[C]igarette smoking is an insignificant source of carbon monoxide in the overall atmosphere as compared with other man-made sources. Even in tightly closed spaces with a large percentage of smokers, only rarely is it possible to build up concentrations which would exceed the established threshold limiting values for extended exposures...carboxyhemoglobin levels in nonsmokers resulting from carbon monoxide in environmental tobacco smoke are below the amount needed to produce the maximum allowable limit of 4% carboxyhemoglobin in the blood...No strong evidence has been found indicating adverse effects in healthy individuals from concentrations of carboxyhemoglobin at or below these levels.

In an attempt to put the results of the studies described in Table 29 in perspective, the major findings from these studies are summarized in capsule form in Table 31. In general, ETS exposure has little effect on the various systems and factors studied.

TABLE 31: EFFECTS OF ETS EXPOSURE ON VARIOUS SYSTEMS

System	Results*	Reference
Urinary mutagenicity	significant increase <sup>b</sup>	Bos <i>et al.</i> (1983)
	increase	Einstoe <i>et al.</i> (1985)
	slight increase	Sorsa <i>et al.</i> (1985)
	increase but not significant	Husgafvel-Pursiainen <i>et al.</i> (1987); Scherer <i>et al.</i> (1987a, 1989); Adlkofer <i>et al.</i> (1988)
Nicotine/cotinine		
	In serum	no significant increase <sup>c</sup>
		significant increase but cotinine level less than in smokers <sup>b</sup>
	In urine	increase <sup>c</sup>
		increase but not significant
		0.30 to 1.0% of level found in smokers
		slight increase
	In saliva	increase proportional to dose <sup>c</sup>
Carboxyhemoglobin	COHb value similar to that observed in nonsmokers	Sorsa <i>et al.</i> (1985)
	slight increase in COHb	Scherer <i>et al.</i> (1987a, 1989)
	COHb increase of 0.7 to 2.1%	Adlkofer <i>et al.</i> (1988)
Sister chromatid exchange	no difference between nonsmokers and passive smokers	Sorsa <i>et al.</i> (1989); Collman <i>et al.</i> (1986)
<i>Salmonella typhimurium</i> + WB rat liver cells	no difference between ETS- and air-exposed <i>Salmonella</i>	Bombick <i>et al.</i> (1991)

\* See Table 29 for more detailed description.

<sup>b</sup> See criticisms by Reasor (1990).

<sup>c</sup> Study involved SS not ETS exposure.

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### **Inhibitors and Anticarcinogens in Tobacco Smoke (MS, SS, and ETS)**

In hundreds of publications over the years, those opposed to tobacco smoking, particularly cigarette smoking, have discussed certain smoke components in terms of their adverse effect in a variety of bioassays, *e.g.*, any MS component previously demonstrated to be tumorigenic to the skin of a susceptible strain of mice painted daily with massive doses of the component is described (and many times defined) as a "tumorigenic" or "carcinogenic" component of MS. However, the specific components under discussion are present in MS at levels at which they have never been shown to be "tumorigenic" or "carcinogenic" in any species or strain of laboratory animal. Some of the authors have even noted that a certain MS component is present in MS at a level insufficient to cause the biological effect observed or there are insufficient data available to define the role of the component in tobacco carcinogenesis. These statements are made despite the fact that, sometimes in the same publication (or in another publication), the component is described as "tumorigenic" with the implication that it is "tumorigenic" to the active smoker. Examples of these statements are provided in Table 4.

The proponents of the adverse effect of cigarette smoke and some of its components, such as those described as "tumorigenic" in the two "Lists of 43" (Table 4), rarely discuss the details of the experiments in which the specific component was initially demonstrated to be tumorigenic. They also seldom discuss the fact that cigarette MS (or SS) contains numerous components that have been demonstrated, in the same types of bioassays used to demonstrate the "tumorigenicity" of components in the "Lists of 43," to be inhibitors of the tumorigenicity of "tumorigenic" MS components or to be anticarcinogens that offset or nullify the "tumorigenicity" of one or more of the listed "tumorigenic" MS components.

Inhibitors of carcinogens, or anticarcinogens, are agents which prevent the development of cancer. Wattenberg (1975) classified them in three categories based on the time in the carcinogenic process when they are effective. The first category consists of chemicals that prevent the formation of carcinogens (or tumors) from precursor substances. Examples of this group of inhibitors are ascorbic acid (Mirvish, 1981a, 1981b), tocopherols (Newmark and Mergens, 1981), and phenols (Newmark and Mergens, 1981; Kuenzi *et al.*, 1984) which inhibit the formation of nitroso carcinogens from precursor amine and nitrite both *in vivo* and *in vitro*. The second category comprises "blocking agents" which inhibit carcinogenesis by preventing carcinogenic compounds from reaching or reacting with critical target sites in the tissues. An example of this group is disulfiram (Wattenberg, 1975) which inhibits the metabolism of symmetrical dimethylhydrazine to its carcinogenic metabolites (Fiala *et al.*, 1977). The inhibitors in the last category are called "suppressing agents." They function by suppressing the expression of neoplasia in cells exposed to a carcinogenic agent. An example of this group of anticarcinogens is the retinoids, *i.e.*, Vitamin A and related compounds (*cf.* Slaga and DiGiovanni, 1984).

Despite the fact that the anticarcinogenicity of certain components of tobacco (Falk *et al.*, 1964) and tobacco smoke (Hoffman and Griffin, 1958; Homburger and Treger, 1965) and of tobacco smoke itself (Homburger *et al.*, 1968) has been known for over four decades, most of the discussion over the years has been directed at the smoke components alleged to be tumorigenic to the smoker rather than at the smoke components reported to possess anticarcinogenic properties.

In their 1964 review on tobacco carcinogenesis, Wynder and Hoffmann briefly discussed the possibility of anticarcinogenic agents in tobacco smoke:

Thought must be given to possible antitumorigenic agents both in terms of "antiinitiators" as well as "tumor retarders." The former fits into the general concept of competitive carcinogenesis between strong and weak PAH as well demonstrated in studies by Steiner and Falk (1951) and...by Kotin and Falk (1963), using subcutaneous tissues as test tissue and with our own studies (Wynder and Hoffmann, 1962b, [1963d]) with epithelial tissue. Of particular interest is the inhibiting effect of benz[a]anthracene to BaP.

...[T]he effect on mouse skin of two representatives of the tobacco smoke paraffins (*n*-C<sub>31</sub>H<sub>64</sub> and *n*-C<sub>35</sub>H<sub>72</sub>) was...a significant "inhibiting" effect on the tumorigenicity of BaP.

Again in their 1967 book, Wynder and Hoffmann (1967) discussed possible anticarcinogenic components of tobacco smoke as follows:

*Any discussion of as complex a carcinogen as tobacco smoke should at least mention the existence of anticarcinogens... Experiments with subcutaneous injections, as conducted by Steiner and Falk (1951), have clearly demonstrated that a weak carcinogen such as benz[a]anthracene can reduce the effect of a potent carcinogen such as BaP. In similar experiments using mouse skin as test organ, Hoffmann and Wynder<sup>[1]</sup> showed that benz[a]anthracene may also reduce the activity of BaP in this setting. Whether this interaction applies to a similar extent when the substances are contained in an admixture such as tobacco "tar" requires separate investigations. In one such study, painting mice with a dilute solution of benz[a]anthracene in addition to tobacco "tar," or adding this component to tobacco "tar" did not significantly alter the tumorigenic activity of the "tar"<sup>[1]</sup>...*

<sup>1</sup> Citation is to unpublished research findings.

The principle of anticarcinogens in the sense of "competitive" effect on tissue constituents may also apply to phenols... Paraffins represent an example of components that may interfere with the absorption of carcinogens [as shown] by Hoffmann and Wynder [1962]... [T]hese interactions are readily demonstrable when testing two different components, but they may be less clear-cut when evaluated as part of a "tar" mixture. The existence of anticarcinogens, however, must be considered in evaluating any complex mixture such as tobacco smoke condensate.

Several investigators have noticed some inhibition of tumor growth by tobacco smoke condensate...[including] Hoffman and Griffin (1958)...Falk *et al.* (1964)...[and] Homburger and Tregier [sic] (1960)... [I]t should not come as a surprise that a material which has been proved to be carcinogenic may also interfere with tumor development, if not with tumor initiation...

An explanation of the tumorigenic activity of tobacco smoke condensate in terms of single

constituents is made more difficult by the presence of substances that may act as anticarcinogens and/or absorption retarders, especially for tumorigenic agents. It is known that structurally related noncarcinogenic hydrocarbons can inhibit the effect of carcinogenic hydrocarbons. The same interrelationship may apply to tumor-promoting and nontumor-promoting phenols. (*Emphasis added: AR*)

Thus, investigators opposed to tobacco smoking readily accept the following:

- The findings in studies with laboratory animals treated with a simple system comprising *Tumorigen A* and *Tumorigen B* where the data indicated that the two tumorigens exert an additive effect in tumor production.
- The findings in studies with laboratory animals treated with a simple system comprising *Tumorigen A* and *Nontumorigen C* where the data indicated that the nontumorigen, when present in an appropriate amount relative to *Tumorigen A*, completely or partially offset the effect of the tumorigen, i.e., *Nontumorigen C* exerted an antitumorigenic effect.
- The premise that *Tumorigen A* and *Tumorigen B* will behave additively in the production of tumors in laboratory animals treated with a complex mixture, e.g., CSC, raw and cooked foods, containing *Tumorigen A* and *Tumorigen B*.
- The premise that *Nontumorigen C* will offset the effect of *Tumorigen A* in laboratory animals treated with a complex mixture, e.g., raw or cooked foods, engine exhausts, containing *Tumorigen A* and *Nontumorigen C* [cf. Grasso (1984); Slaga and DiGiovanni (1984)].

However, the opponents of tobacco smoking apparently view tobacco smoke as a complex mixture entirely different from other complex mixtures such as raw or cooked foods, engine exhausts, etc. They do not accept the premise that *Nontumorigen C* will offset the tumorigenic effect of *Tumorigen A* in laboratory animals treated with the complex mixtures CSC, MS, SS, or ETS containing *Tumorigen A* and *Nontumorigen C* (Hoffmann *et al.*, 1993).

One of the early examples of MS components inhibiting the action of a "tumorigen" on the "Lists of 43" was described in the early 1960s by Wynder and Hoffmann (1961a). This finding was an outgrowth of investigations on the effect of organic solvent extraction of tobacco on the PAH content of the extracted tobacco smoke. Proposed precursors in tobacco of PAHs in cigarette MS were the saturated aliphatic hydrocarbons (Lam, 1955; Wynder, 1956), the phytosterols (Wright, 1957b; Wynder *et al.*, 1958a, 1958b, 1959), and terpenoid compounds other than the phytosterols (Wright, 1957b). These compounds are removable almost totally or to a substantial degree by extraction of tobacco with organic solvents such as hexane or pentane. Cigarettes fabricated from the extracted tobacco yielded lower quantities in MS of PAHs such as BaP and DBA that were known under certain laboratory conditions to produce tumors on the shaved backs of susceptible strains of mice. Skin-painting studies with MS CSC collected by smoking cigarettes made with the control and extracted tobaccos gave a lower percentage of

tumor-bearing animals (TBA) in the extracted tobacco CSC group. However, the decrease in % TBA was much less than the percent decrease in the level in the CSC of tumorigenic PAHs such as BaP (Wynder, 1956; Wright, 1957b; Wynder *et al.*, 1958a, 1958b, 1959; Wynder and Hoffmann, 1959a, 1959b).

One explanation for this difference was that the solvent extracted almost all the aliphatic saturated hydrocarbons from the tobacco, and thus, they did not appear in the MS from the extracted-tobacco cigarettes. Wynder and Hoffmann (1961a, 1962b) and Hoffmann and Wynder (1962) reported that this aliphatic saturated hydrocarbon fraction (constituting about 3% of the MS CSC) inhibited the carcinogenicity of PAHs, including BaP. The components in the aliphatic hydrocarbon fraction ranged from pentadecane ( $C_{15}H_{32}$ ) to pentatriacontane ( $C_{33}H_{72}$ ). Each hydrocarbon was present as the *normal*, *iso*, and *anteiso* isomers. The  $C_{27}$  to  $C_{33}$  hydrocarbons constituted about 80% of the saturated hydrocarbon fraction;  $C_{31}$  (*n*-hentriacaontane) and  $C_{33}$  (*n*-tritriacontane) hydrocarbons are the most plentiful components. Subsequent study with improved analytical methodology demonstrated the presence of trace amounts of isomeric aliphatic saturated hydrocarbons with as many as 40 carbons.

Mouse skin-painting studies with BaP and the saturated hydrocarbons (SHC) *n*-hentriacaontane ( $C_{31}H_{62}$ ) and *n*-pentatriacontane ( $C_{33}H_{72}$ , where the SHC:BaP ratio was 200:1 and 100:1, showed that both hydrocarbons exerted a significant inhibiting effect at both levels on the tumorigenicity of BaP to mouse skin (Wynder and Hoffmann, 1961a, 1962b; Hoffmann and Wynder, 1962).

When the saturated hydrocarbon content (usually about 3%) of CSC was increased from 3% to 4% (a 33% increase) by addition of the saturated hydrocarbon fraction isolated from CSC, the tumorigenicity of the CSC decreased: The percent TBA decreased from 40% to 24%. The MS of a cigarette delivering 20 mg of CSC contains about 0.6 mg (600,000 ng) of this hydrocarbon fraction and 10 ng of BaP, a saturated hydrocarbon fraction:BaP ratio of 60,000:1, far in excess of the 200:1 or 100:1 ratio that produced the significant inhibition of the tumorigenicity of BaP (Wynder and Hoffmann, 1962b, 1964, 1967).

Early studies on the anticarcinogenic properties of tobacco smoke and CSC included those of Homburger (Homburger, 1965; Homburger and Treger, 1965; Homburger *et al.* (1968).

Other MS components may have also influenced the PAH and mouse skin-painting results obtained with control tobacco CSC and extracted tobacco CSC. The extraction of tobacco with a solvent such as hexane not only removed the saturated aliphatic hydrocarbon inhibitors from the tobacco, thus making impossible their transfer to MS when such tobacco is smoked, but also removed substantial amounts of other tobacco components such as  $\beta$ -sitosterol (Wynder *et al.*, 1959),  $\alpha$ -tocopherol (Vitamin E) (Rowland, 1958; Rodgman and Cook, 1960), indole (Rodgman and Cook, 1962),  $\alpha$ - and  $\beta$ -4,8,13-duvane-1,3-diol (Roberts and Rowland, 1962; Rowland *et al.*, 1964; Saito *et al.*, 1985), and *D*-limonene, thus eliminating or drastically reducing the amount transferred to MS during the smoking process. Subsequently, it was demonstrated:

- These tobacco components were transferred from tobacco to MS during the smoking process and to SS during cigarette smolder between puffs and/or, in some cases, were generated during the smoking process, e.g., indole.
- These compounds were anticarcinogenic against several of the "tumorigens" in the "Lists of 43," e.g., PAHs, NNAs, ethyl carbamate.

Neither the identity of several of these tobacco and smoke components (MS or SS) nor their anticarcinogenicity was known in the late 1950s/early 1960s.

Comparison of the list of the 4,800 or so identified components in tobacco smoke with lists (Fay *et al.*, 1984; Slaga and DiGiovanni, 1984) of compounds shown to possess inhibitory or anticarcinogenic action in carcinogenesis-type experiments in laboratory animals reveals not only that tobacco smoke contains numerous anticarcinogens but also that the levels in smoke of many of them far exceed those of the "tumorigens" listed by Hoffmann and Hecht (1990) and OSHA (1994) (see Table 4).

A few of the inhibitory and anticarcinogenic MS components were discussed previously, but these represent only a small fraction of the identified MS components which have been shown to possess one or the other of these properties. Slaga and DiGiovanni (1984) reviewed the studies in which many compounds were demonstrated to be anticarcinogenic. From their review and other publications (Fay *et al.*, 1984), a list of MS components demonstrated to be inhibitors and anticarcinogens to the components in the "Lists of 43" was compiled and is shown in Table 32.

From the data presented in Table 4 on the per cigarette MS delivery, it may be calculated that the PAHs included by Hoffmann and Hecht (1990) and OSHA (1994) on the "Lists of 43" contribute from about 4 to 10 µg/g of MS CSC. Nontumorigenic PAH components of MS, such as naphthalene, anthracene, phenanthrene, fluoranthene, pyrene, benzo[e]pyrene, and benzo[b]triphenylene total 90 to 180 µg/g of CSC. The anticarcinogenic effect of nontumorigenic PAHs and weakly tumorigenic or nontumorigenic aza-arenes against carcinogenic PAHs has been known since the mid-1940s (*cf.* Lacassagne *et al.*, 1945; Steiner and Falk, 1951; Slaga and DiGiovanni, 1984). The PAH distribution from a variety of environmental sources and from a variety of cooked foodstuffs was studied in attempts to correlate the results of biological studies with the PAHs present. Logically, this same type of study was eventually applied to the PAHs present in cigarette smoke.

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TABLE 32: INHIBITORS AND ANTICARCINOGENS IN TOBACCO SMOKE

Component	Approximate Delivery, μg/g MS CSC	Effective Against	References
Total of "tumorigenic" PAHs in the "Lists of 43"	4 - 10		
saturated aliphatic hydrocarbons* [e.g., C <sub>31</sub> H <sub>64</sub> ]	30,000	BaP	Wynder and Hoffmann (1962b)
D-limonene	50	NNK DB[a,i]P	Wattenberg and Coccia (1991) Homburger <i>et al.</i> (1971)
benzene	480 - 1,900	BaP, DBA	Crabtree (1946, 1947)
naphthalene	80 - 160	BaP, DBA	Crabtree (1946, 1947)
anthracene	4 - 7	BaP, DBA	Crabtree (1946, 1947)
phenanthrene	2 - 4	DMBA	DiGiovanni <i>et al.</i> (1980)
fluoranthene	3 - 4	DMBA	DiGiovanni <i>et al.</i> (1980) Slaga <i>et al.</i> (1979)
pyrene	3 - 4	DMBA	DiGiovanni <i>et al.</i> (1980) Slaga <i>et al.</i> (1979)
benzo[a]pyrene	0.2	DMBA	DiGiovanni <i>et al.</i> (1980) Slaga <i>et al.</i> (1979)
benzo[b]triphenylene <sup>b</sup>	0.05	MC, DBA, DMBA	Slaga and Boutwell (1977); Slaga <i>et al.</i> (1978)
2H-1-benzopyran-2-one [coumarin]		BaP, DMBA	Wattenberg <i>et al.</i> (1979)
2-propenoic acid, 3-(3,4-dihydroxyphenyl)- [cafeic acid]			Wattenberg (1981)
2-propenoic acid, 3-(3-hydroxy-4-methoxyphenyl)- [ferulic acid]			Wattenberg (1981)
3H-2-furanone, dihydro-5-methyl-[ $\alpha$ -angelica lactone]		BaP	Wattenberg <i>et al.</i> (1979)
$\beta$ -sitosterol	1,200-1,600	NNA PAH	Wattenberg (1981) Yasukawa <i>et al.</i> (1991)
cholesterol	400 - 800	NNA	Cohen <i>et al.</i> (1982)
$\alpha$ -tocopherol [Vitamin E]	400 - 600	MC, DMBA DB[a,i]P 1,2-DMH	Shamberger (1970); Shklar (1982); Slaga and Bracken (1977); Viaje <i>et al.</i> (1977); Weerapradist and Shklar (1982); Mirvish (1986); Epstein <i>et al.</i> (1967); Toth and Patil (1983)
		CSC	Rosin (1982)

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Table 32: Continued

Component	Approximate Delivery, μg/g MS CSC	Effective Against	References
indole	400 - 600	NNA	Matsumoto <i>et al.</i> (1977)
indole-3-acetonitrile	.	BaP	Kovacs and Somogyi (1970)
dibenz[ <i>a,h</i> ]acridine <sup>c</sup>		DBA	Lacassagne <i>et al.</i> (1945)
α-4,8,13-cyclodecatriene-1,3-diol, 1,5,9-trimethyl-12-(1-methylethyl)- [α-4,8,13-duvane-1,3-diol]	8 - 20	DMBA	Saito <i>et al.</i> (1985)
β-4,8,13-cyclodecatriene-1,3-diol, 1,5,9-trimethyl-12-(1-methylethyl)- [β-4,8,13-duvane-1,3-diol]	12 - 25	DMBA	Saito <i>et al.</i> (1985)
cinnamic acid, 3,4-dihydroxy-		BaP	Wattenberg <i>et al.</i> (1980)
cinnamic acid, 2-hydroxy-		BaP	Wattenberg <i>et al.</i> (1980)
phenol, 4-methoxy-		BaP	Wattenberg <i>et al.</i> (1980)
benzoic acid, 3,4,5-trihydroxy- [gallic acid]		NNA	Mirvish <i>et al.</i> (1975)
1 <i>H</i> -purine-2,6-dione,3,7-dihydro-3,7- dimethyl- [ <i>theobromine</i> ]		EC	Nomura (1983)
1 <i>H</i> -purine-2,6-dione,3,7-dihydro-1,3,7- trimethyl- [ <i>caffeine</i> ]		EC DMB NNA	Nomura (1983); Perchellet and Boutwell (1981); Mirvish <i>et al.</i> (1975)
maleic anhydride		PAH DMBA	Klein (1965); Slaga <i>et al.</i> (1983)
1-propene-1,2,3-tricarboxylic acid [aconitic acid]		BaP	Kallistratos (1975); Kallistratos and Fasske (1976)
ethanol	NNN		Waddell and Marlow (1983)
<i>n</i> -butanol	NNN		Waddell and Marlow (1983)
<i>tert</i> -butanol	NNN		Waddell and Marlow (1983)
carbon disulfide	1,2-DMH		Wattenberg and Fiala (1978)
selenium	DMBA		Shamberger (1970)

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Table 32: Continued

Component		Approximate Delivery, $\mu\text{g/g}$ MS CSC	Effective Against	References
<u>Abbreviations</u>				
MC	=	3-methylcholanthrene; correct name is 1,2-dihydro-3-methylbenz[a]aceanthrylene		
DB[ <i>a,i</i> ]P	=	dibenz[ <i>a,i</i> ]pyrene; correct name is benzo[ <i>rst</i> ]pentaphene		
PAH	=	polycyclic aromatic hydrocarbon		
DBA	=	dibenz[ <i>a,h</i> ]anthracene		
DMBA	=	7,12-dimethylbenz[ <i>a</i> ]anthracene		
1,2-DMH	=	1,2-dimethylhydrazine		
NNA	=	nitrosamine		
EC	=	ethyl carbamate		
a This fraction consists primarily of the <i>normal</i> -, <i>iso</i> - (2-methyl-), and <i>anteiso</i> - (3-methyl-) alkanes from C <sub>15</sub> to C <sub>40</sub> , a total of at least 78 different saturated hydrocarbons, e.g., the C <sub>15</sub> isomers present are <i>n</i> -pentadecane, <i>iso</i> -pentadecane (2-methyltetradecane), and <i>anteiso</i> -pentadecane (3-methyltetradecane).				
b Benzo[ <i>b</i> ]triphenylene was formerly named dibenz[ <i>a,c</i> ]anthracene.				
c See discussion pertinent to Table 12.				

In 1962, Wynder and Hoffmann compared the carcinogenicities of gasoline engine exhaust "tar" and CSC in mouse skin-painting paintings. They also estimated the amounts of PAHs in the two test materials. Their data indicated that the engine exhaust "tar":CSC ratio for individual PAHs was extremely high not only for several of the "tumorigenic" PAHs listed in Table 4 but also for the noncarcinogenic (and anticarcinogenic) PAHs such as pyrene, fluoranthene, and benzo[*e*]pyrene. The ratios for the individual PAHs are shown in Table 33. Despite the tremendous differences in the ratios of "tumorigenic" PAHs, the percentage of tumor-bearing animals in the engine exhaust "tar"-treated group was slightly less than 3 times (54% vs 20% carcinoma-bearing animals) that in the CSC-treated group when both groups were painted with equal volumes of 33% exhaust "tar" or CSC in acetone for 18 months. Dose reduction to 25% solutions gave a 6-fold difference (48% vs 8%). When painted with 10% solutions, the exhaust "tar"-treated group showed 32% tumor-bearing animals, the CSC-treated group showed 0% (Wynder and Hoffmann, 1962a).

After noting that

[L]aboratory findings as presented in this report cannot be directly applied to man...[J]ust because the condensates used in this study produced skin cancer in experimental animals under the conditions described does not prove that they will produce cancer in man

they acknowledged the possible efficacy of the saturated hydrocarbons (paraffins) (*cf.* Wynder and Hoffmann, 1962b, 1964, 1967) and noncarcinogenic PAHs as anticarcinogens:

[I]t was anticipated that the...exhaust gas "tar" would be many times more active than tobacco smoke condensate. However, as shown, it is only approximately twice as active. This relatively small increase in biological activity of...exhaust gas "tar" raises the question of possible anticarcinogenic factors that may be more prevalent in engine exhaust "tar"... [O]ne may theorize

**TABLE 33: RATIOS FOR INDIVIDUAL POLYCYCLIC AROMATIC HYDROCARBONS IN GASOLINE ENGINE EXHAUST "TAR" (EET) AND CIGARETTE SMOKE CONDENSATE (CSC)**

<u>Polycyclic Aromatic Hydrocarbon</u>	<u>Ratio PAH<sub>EET</sub>:PAH<sub>CSC</sub></u>
pyrene	500:1 to 700:1
fluoranthene	275:1 to 390:1
chrysene	87:1 to 115:1
alkylchrysenes <sup>a</sup>	33:1 to 45:1
benz[a]anthracene (BaA)	600:1
benzo[b]fluoranthene <sup>b</sup>	640:1
benzo[j]fluoranthene	85:1 to 110:1
benzo[k]fluoranthene	200:1 to 360:1
dibenz[a,h]anthracene (DBA)	17:1 to 25:1
benzo[a]pyrene (BaP)	45:1
benzo[e]pyrene	4200:1
indeno[1,2,3-cd]pyrene	> 80:1

<sup>a</sup> Similar to 5-methylchrysene

<sup>b</sup> Current name is benz[e]acephenanthrylene

that some of the noncarcinogenic polynuclear hydrocarbons that are present in engine exhaust gas "tar" in far greater concentrations than in tobacco smoke condensate may interfere with the resorption of the "tar." Some of the oily materials in gasoline engine exhaust "tar" and the paraffins in tobacco smoke condensate may also act as anticarcinogens.

Because of their low vapor pressures, many of the allegedly potent "tumorigens" (and initiators) such as the PAHs (BaP, DBA, etc.) and the aza-arenes (dibenz[a,h]acridine, etc.) are found in the particulate phase, *i.e.*, in the aerosol particle, of MS, SS, and ETS. For the same reason, many of the demonstrated anticarcinogens and inhibitors listed in Table 32 are found in the aerosol particles, *e.g.*, the saturated aliphatic hydrocarbons, typified by *n*-henetriaccontane (Eatough *et al.*, 1990a); β-sitosterol and cholesterol (Eatough *et al.*, 1990a); α-tocopherol; indole and indole-3-acetonitrile; the duvatrienediols; tricyclic PAHs (anthracene, phenanthrene), tetracyclic PAHs (pyrene, fluoranthene), and pentacyclic PAHs (benzo[e]pyrene). Unlike basic smoke components such as nicotine which are almost totally in the MS particles (pH < 7.0) but virtually absent from ETS particles (pH > 7.0), the bulk of each of the components just discussed remains in the aerosol particles: They do not transfer to the ETS vapor phase by evaporative processes. Thus, the anticarcinogens and inhibitors are always in close proximity to the "tumorigens" in the aerosol particles and are able to exert their anticarcinogenic or inhibitory effect.

Just as there are many compounds known to be inhibitory or anticarcinogenic to the action of compounds which produce tumors in a variety of laboratory animals, so there are many compounds known to be antimutagenic to compounds which show mutagenicity in various

bacterial systems, e.g., *Salmonella typhimurium* in the Ames test. Some of the antimutagens are also anticarcinogens.

In their review on antimutagens and inhibitors of mutagenesis, Ramel *et al.* (1986) discussed the many antimutagens found naturally occurring in plants, particularly edible plants. They did not discuss tobacco specifically, but they did discuss the natural occurrence in plants of the following compounds known to be antimutagens:  $\alpha$ -tocopherol, 2H-1-benzopyran-2-one (coumarin), 7-hydroxy-2H-1-benzopyran-2-one (umbelliferone), and 3-phenyl-2-propenal (cinnamaldehyde). All four have been identified in tobacco; all but 7-hydroxy-2H-1-benzopyran-2-one have been identified in tobacco smoke.

Lee and Reed (1983) investigated the possible antimutagenic activity of nicotine vs NDMA and nicotine vs BaP in the Ames test (*Salmonella typhimurium* TA 100). They observed that nicotine inhibits the mutagenic activity of the NDMA but not BaP. Although the mechanism(s) of this antimutagenesis are not elucidated, the recent report (Murphy and Heilblum, 1990) on the inhibition of metabolism of the TSNA NNN by nicotine suggests nicotine inhibition of NNA activation may be involved. Recently, Lee and Fulp (1991) repeated the earlier experiment and confirmed the antimutagenic effect of nicotine on NDMA.

In another study, Lee *et al.*, (1991, 1994) observed that CSC inhibits the mutagenic activity of several aza-arenes when tested in the Ames assay with *Salmonella typhimurium* TA 98 in the presence of S9 activation system. The mutagenic heterocyclic amines tested included:

- Glu-P-1 2-amino-6-methyl-dipyrido[1,2-a:3',2'-d]imidazole
- Glu-P-2 2-amino-dipyrido[1,2-a:3',2'-d]imidazole
- IQ 2-amino-3-methyl-imidazo[4,5-f]quinoline
- MeIQ 2-amino-3,4-dimethyl-imidazo[4,5-f]quinoline
- Trp-P-1 3-amino-1,4-dimethyl-5H-pyrido[4,3-b]indole
- Trp-P-2 3-amino-1-methyl-5H-pyrido[4,3-b]indole.

These compounds, known as cooked food mutagens, are some of the most potent bacterial mutagens known (Sugimura *et al.*, 1977; Yamamoto *et al.*, 1978; Yamashita *et al.*, 1985, 1986). The mutagenicities of these six compounds and CSC in the Ames assay with *Salmonella typhimurium* TA 98 and TA 100 are listed in Table 34. Several have been reported to be carcinogenic in experiments with laboratory animals (Felton and Knize, 1990).

**TABLE 34: MUTAGENIC ACTIVITIES OF "COOKED FOOD" MUTAGENS TOWARDS *Salmonella typhimurium***

<u>Compound (Designation)</u>	<u>Mutagenic Activity, revertants/<math>\mu</math>g</u>			
	<u>TA98</u>	<u>TA100</u>		
	<u>Lee et al. (1994)</u>	<u>Sugimura (1986)</u>	<u>Lee et al. (1994)</u>	<u>Sugimura (1986)</u>
2-amino-3-methylimidazo[4,5- <i>f</i> ]quinoline (IQ) <sup>b</sup>	222,000	433,000	11,000	7,000
2-amino-3,4-dimethylimidazo[4,5- <i>f</i> ]quinoline (MeIQ)	1,327,000	661,000	70,000	30,000
2-amino-6-methyldipyrido[1,2- <i>a</i> :3',2'- <i>d</i> ]imidazole (Glu-P-1)	73,000	49,000	4,000	3,200
2-amino dipyrido[1,2- <i>a</i> :3',2'- <i>d</i> ]imidazole (Glu-P-2)	600	1,900	400	1,200
3-amino-1,4-dimethyl-5 <i>H</i> -pyrido[4,3- <i>b</i> ]indole (Trp-P-1) <sup>b</sup>	20,000	39,000	500	1,700
3-amino-1-methyl-5 <i>H</i> -pyrido[4,3- <i>b</i> ]indole (Trp-P-2) <sup>b</sup>	103,000	104,200	2,000	1,800
CSC	2		1	

<sup>a</sup> Tests with *Salmonella typhimurium* involved use of S-9 mix.

<sup>b</sup> Identified in tobacco smoke.

In possibly the first demonstration of the biological activity of the antimutagens in tobacco smoke, Lee *et al.* (1994) reported that 50 to 100  $\mu$ g of CSC per plate suppressed the mutagenic activity of these compounds by as much as 80%. Enzymatic studies indicated that CSC is a potent inhibitor of cytochrome P-450 dependent monooxygenase. Therefore, it appears that CSC exerts its antimutagenic effect by way of inhibition of the P-450 system.

Lee *et al.* (1994) also reported that fractionation of the CSC yielded fractions which showed low mutagenicity but significant antimutagenicity.

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## APPENDIX A. COMPONENTS IDENTIFIED IN SIDESTREAM SMOKE

Identified MS components number about 4,800; identified SS components number over 300. As noted in the text, there is no logical reason to believe that SS composition differs qualitatively from that of MS. However, the compositions will differ quantitatively from each other and from ETS.

With sufficient time and effort, the compounds already identified in MS could eventually be identified in SS. Table 35 summarizes the compound classes into which the 320 identified SS components fall and the number of identified components in each class. Of these 320, nearly 180 have been identified by R. J. Reynolds Tobacco Company (RJRT) R & D personnel; 109 of these have been identified by RJRT personnel only.

Table 36 lists the 319 individual components identified to date in SS.

TABLE 35: IDENTIFIED SS COMPONENTS: BY COMPOUND CLASS

Component Class	Number Reported		
	Total	By RJRT Only	By RJRT Only or RJRT <i>et al.</i>
Hydrocarbons:			
Aliphatic	11	1	3
Monocyclic	11	5	7
Polycyclic	19	1	6
Acids	15	1	4
Alcohols and phenols	36	12	19
Aldehydes	14	9	14
Ketones	29	21	26
Esters and lactones	8	6	6
Amides	6	3	5
Amines	131	46	70
N-Nitrosamines	9	0	6
Nitriles	7	2	3
Miscellaneous components	23	2	9
Total	319	109	178

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TABLE 36: IDENTIFIED SS COMPONENTS

Component	R. J. Reynolds Tob. Co. (1988)	Klus & Kuhn (1982)	Eatough <i>et al.</i> , (1990b) <sup>b</sup>	Sakuma <i>et al.</i> , (1983a, 1983b; 1984a, 1984b)	Brunne- mann <i>et al.</i> , (1990)	IARC (1986)
HYDROCARBONS						
<i>Aliphatic Hydrocarbons</i>						
acetylene			X			
1,3-butadiene				X		
ethene				X		
<i>n</i> -heptatriacontane				X		
isoprene				X		
limonene	X			X		X
methane		X		X		
neophytadiene	X			X		
pentadecane	X					
propane			X			
propene				X		
<i>Monocyclic Hydrocarbons</i>						
benzene <sup>a</sup>	X	X			X	X <sup>c</sup>
benzene, 1,2-dimethyl- [o-xylene]			X			
benzene, 1,3-dimethyl- [m-xylene]			X			
benzene, 1,4-dimethyl- [p-xylene]			X			
benzene, ethenyl- [styrene] <sup>a</sup>	X	X				
benzene, ethyl-	X					
benzene, isopropyl-	X					
benzene, methyl- [toluene]			X		X	X <sup>c</sup>
benzene, (1-methylethyl)- [cumene]	X					
benzene, trimethyl-	X					
<i>p</i> -cymene	X					
<i>Polycyclic Hydrocarbons</i>						
anthracene			X			
benz[a]anthracene <sup>a</sup>	X	X				
benzo[ghi]perylene			X			X <sup>c</sup>
benzo[a]pyrene <sup>a</sup>	X		X			X <sup>c</sup>
benzo[e]pyrene			X			X <sup>c</sup>
cholesta-3,5-diene, 24-ethyl-		X	X			
cholesta-3,5,22-triene, 24-methyl-			X			
coronene						X <sup>c</sup>
dibenz[a,j]anthracene						X <sup>c</sup>
dibenzo[def,mno]chrysene [anthanthrene]						X <sup>c</sup>
fluoranthene			X			X
indeno[1,2,3-cd]pyrene <sup>a</sup>			X			
naphthalene	X	X	X			
naphthalene, 1,6-dimethyl-	X					
naphthalene, 1-methyl-	X	X				

Table 36: Continued

Component	R. J. Reynolds Tob. Co. (1988)	Klus & Kuhn (1982)	Eatough <i>et al.</i> , (1990b) <sup>b</sup>	Sakuma <i>et al.</i> , (1983a, 1983b; 1984a, 1984b)	Brunne- mann <i>et al.</i> , (1990)	IARC (1986)
HYDROCARBONS (cont.)						
<i>Polycyclic Hydrocarbons (cont.)</i>						
naphthalene, 2-methyl-	X	X				c
perylene						
phenanthrene		X	X			X
pyrene		X	X			X <sup>c</sup>
ACIDS						
acetic acid	X		X	X		X
benzoic acid			X	X		X
benzoic acid, 2-hydroxy-			X	X		
formic acid	X		X	X		X
2-furoic acid			X	X		
glutaric acid			X	X		
glycolic acid			X	X		X
lactic acid			X	X		X
levulinic acid			X	X		
pentanoic acid, 3-methyl-	X		X	X		
phenylacetic acid			X	X		
propanoic acid	X					
propanoic acid, 3-hydroxy-			X	X		
succinic acid			X	X		X
succinic acid, methyl-			X	X		
ALCOHOLS AND PHENOLS						
allyl alcohol	X					
1,2-benzenediol [ <i>catechol</i> ]			X	X		X
1,2-benzenediol, 4-ethyl-			X	X		
1,2-benzenediol, 3-methyl-			X	X		
1,2-benzenediol, 4-methyl-			X	X		
1,2-benzenediol, 3-ethenyl-			X	X		
1,4-benzenediol [ <i>hydroquinone</i> ]	X		X	X		
1,4-benzenediol, methyl-			X	X		
benzyl alcohol	X					
campesterol			X			X
cholesterol		X	X			X
2-cyclopentenone, 2-hydroxy-3-methyl-			X			
1-decanol	X					
1,2-ethanediol	X					
2-furanmethanol	X		X			
glycerol	X					X
guaiacol		X	X	X		X
guaiacol, 4-ethenyl-			X	X		

Table 36: Continued

Component	R. J. Reynolds Tob. Co. <u>(1988)</u>	Klus & Kuhn <u>(1982)</u>	Eatough <u>(1990b)<sup>b</sup></u>	Sakuma <i>et al.</i> , (1983a, 1983b; 1984a, 1984b)	Brunne- mann <i>et al.</i> , (1990)	IARC <u>(1986)</u>
ALCOHOLS AND PHENOLS (cont.)						
1-heptanol	X					
phenethanol	X					
phenol	X	X	X	X		X
phenol, 2,6-dimethoxy-4-ethenyl-	X					
phenol, dimethyl- [xyleneol]		X				
phenol, 2,6-dimethyl- [2,6-xyleneol]	X		X	X		
phenol, 3,4-dimethyl- [3,4-xyleneol]	X					
phenol, ethyl-		X				
phenol, 2-ethyl-	X					
phenol, 2-methyl- [o-cresol]			X	X		
phenol, 3-methyl- [m-cresol]	X		X	X		
phenol, 4-methyl- [p-cresol]	X		X	X		
phenol, 4-ethenyl-			X	X		
1,2-propanediol	X					X
1,2-propanediol, 3-chloro-	X					
$\beta$ -sitosterol			X	X		X
solanesol	X		X			X
stigmasterol		X	X			X
ALDEHYDES						
acetaldehyde*	X					
acrolein	X	X	X			X <sup>c</sup>
benzaldehyde	X					
crotonaldehyde*	X					
formaldehyde*	X	X	X			X
2-furaldehyde	X		X			
2-furaldehyde, 5-methyl-	X		X			
3-furaldehyde	X					
cis-3-hexenal	X					
methacrolein	X					
2-nonenal	X					
propionaldehyde	X		X			
propionaldehyde, 2,2-dimethyl-	X					
propionaldehyde, 3-methylthio-	X					
KETONES						
acetol	X					
acetone	X	X	X			X
acetophenone, 4-methyl-	X					
2,3-butanedione		X				
butanone		X				
1-buten-3-one [methyl ethenyl ketone]		X				

Table 36: Continued

<u>Component</u>	R. J. Reynolds Tob. Co. (1988)	Klus & Kuhn <u>(1982)</u>	Eatough <u>(1990b)<sup>b</sup></u>	Sakuma <i>et al.</i> , (1983a, 1983b; <u>1984a, 1984b</u> )	Brunne- mann <i>et al.</i> , (1990)	IARC
KETONES ( <i>cont.</i> )						
2-cyclopentanone	X					
2-cyclopentanone, 2 (or 3)-methyl-	X					
2-cyclopentenone	X		X			
2-cyclopentenone, dimethyl-	X					
2-cyclopentenone, 2,3-dimethyl-	X		X			
2-cyclopentenone, 2,4-dimethyl-	X					
2-cyclopentenone, 2-hydroxy-3-methyl-	X					
2-cyclopentenone, 2-methyl-	X		X			
2-cyclopentenone, 3-methyl-	X					
1,3-dioxolan-2-one, 4-hydroxymethyl-	X					
9-fluorenone	X					
2(3 <i>H</i> )-furanone, 4,5-dihydro-	X					
2(3 <i>H</i> )-furanone, 4,5-dihydro-4-hydroxy-	X					
2(3 <i>H</i> )-furanone, 4,5-dihydro-5-hydroxymethyl-	X					
2(3 <i>H</i> )-furanone, 4,5-dihydro-4-methyl-	X					
2(5 <i>H</i> )-furanone	X					
2(5 <i>H</i> )-furanone, 3-methyl-	X					
2(5 <i>H</i> )-furanone, 4-methyl-	X					
2(5 <i>H</i> )-furanone, 5-methylene- [ <i>protoanemonin</i> ]	X					
1-indanone	X					
2-indanone	X					
4-keto-β-ionol, dihydro-	X					
2-pentanone	X	X				
ESTERS AND LACTONES						
acetic acid, 2-hydroxyethyl ester	X					
acetic acid, hydroxyphenol ester	X					
butyrolactone			X		X	
furan, 2-acetyl-	X					
phthalic acid, dibutyl ester	X					
phytosteryl esters					X	
1,2,3-propanetriol, acetate [ <i>monoacetin</i> ]	X					
1,2,3-propanetriol, triacetate [ <i>triacetin</i> ]	X					
AMIDES						
acetamide	X		X			X
acetamide, <i>N</i> -methyl-	X					
acrylamide, 2-methyl-	X					
butyramide	X					
formamide					X	
propionamide	X				X	

Table 36: Continued

<u>Component</u>	R. J. Reynolds Tob. Co. (1988)	Klus & Kuhn (1982)	Eatough <i>et al.</i> , (1990b) <sup>b</sup>	Sakuma <i>et al.</i> , (1983a, 1983b; 1984a, 1984b)	Brunne- mann <i>et al.</i> , (1990)	IARC (1986)
AMINES						
<i>n</i> -amylamine				X		
acridine			X			
anabasine, <i>N</i> -methyl-				X		
anatabine				X		X
aniline		X	X			X
aniline, 2,3-dimethyl- [2,3-xylidine]		X				X
aniline, 2,4-dimethyl- [2,4-xylidine]		X				X
aniline, 2,5-dimethyl- [2,5-xylidine]		X				X
aniline, 2,6-dimethyl- [2,6-xylidine]		X				X
aniline, 2-ethyl-		X				X
aniline, 3-ethyl-		X				X
aniline, 4-ethyl-		X				X
aniline, 2-methyl- [2-toluidine] <sup>a</sup>		X				X
aniline, 3-methyl- [3-toluidine]		X				X
aniline, 4-methyl- [4-toluidine]		X				X
benzimidazole				X		
benzimidazole, 1-methyl-				X		
benzo[ <i>h</i> ]quinoline			X			
biphenyl, 2-amino-		X				X
biphenyl, 3-amino-		X				X
biphenyl, 4-amino-*			X			
2,3'-bipyridine	X			X		
2,3'-bipyridine, methyl-	X					
2,3'-bipyridine, 5-methyl-				X		
2,4'-bipyridine	X					
3,3'-bipyridine	X					
butylamine				X		
cotinine	X		X	X		
dimethylamine			X	X		
dipyrrolo[1,2- <i>a</i> :1',2'- <i>d</i> ]pyrazine-5,10-diol [pyrocoll]	X					
ethylamine				X		
harman		X				X
hydantoin, 1-methyl-	X					
imidazole	X					
imidazole, 2-butyl-	X					
imidazole, 1,4-dimethyl-	X					
imidazole, 2,4-dimethyl-	X					
imidazole, 4,5-dimethyl-	X					
imidazole, 4-ethyl-	X					
imidazole, 1-methyl	X					
imidazole, 2-methyl	X			X		

Table 36: Continued

<u>Component</u>	R. J. Reynolds Tob. Co. (1988)	Klus & Kuhn (1982)	Eatough <i>et al.</i> , (1990b) <sup>b</sup>	Sakuma <i>et al.</i> , (1983a, 1983b; 1984a, 1984b)	Brunne- mann <i>et al.</i> , (1990)	IARC (1986)
AMINES (cont.)						
imidazole, 4-methyl-	X				X	
imidazole, 1,2,4-trimethyl-	X					
imidazole, 2,4,5-trimethyl-	X					
1 <i>H</i> -indole	X			X		
1 <i>H</i> -indole, dimethyl-	X					
1 <i>H</i> -indole, 2-methyl-	X					
1 <i>H</i> -indole, 3-methyl- [ <i>skatole</i> ]	X					
1 <i>H</i> -indole, 4(or 5)-methyl-	X					
isoamylamine				X	X	
isobutylamine				X	X	
isopropylamine				X		
isoquinoline	X			X	X	
methylamine				X	X	
myosmine	X			X	X	
1-naphthylamine		X				X
1-naphthylamine, 2-methyl-		X				X
<b>2-naphthylamine*</b>				X		X
1,8-naphthyridine	X					
nicotinamide, <i>N</i> -methyl-	X					
nicotine	X	X		X	X	
nicotyrine	X			X	X	
norharman		X				
normicotine, <i>N</i> -formyl-	X					
propylamine					X	
pyrazine	X					
pyrazine, 2,3-dimethyl-		X				X
pyrazine, 2,5-dimethyl-	X				X	
pyrazine, 2,6-dimethyl-	X					
pyrazine, ethyl-	X					
pyrazine, 2-ethyl-6-methyl-	X					
pyrazine, 2-(2-furyl)-5-methyl-	X					
pyrazine, hydroxymethyl-	X					
pyrazine, methyl-	X				X	
pyrazine, trimethyl-	X					
pyrazine, ethenyl-	X					
pyridine	X	X	X	X	X	X
pyridine, 2-acetyl-			X	X		
pyridine, 3-acetyl-					X	
pyridine, 2-amino-	X					
pyridine, 3-amino-	X					
pyridine, 4- <i>tert</i> -butyl-		X			X	
pyridine, 3-cyano-	X		X	X		

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Table 36: Continued

<u>Component</u>	<u>R. J. Reynolds Tob. Co. (1988)</u>	<u>Klus &amp; Kuhn (1982)</u>	<u>Eatough et al., (1990b)<sup>b</sup></u>	<u>Sakuma et al., (1983a, 1983b; 1984a, 1984b)</u>	<u>Brunne- mann et al., (1990)</u>	<u>IARC (1986)</u>
AMINES (cont.)						
pyridine, 4-cyano-	X					
pyridine, dimethyl- [ <i>lutidine</i> ]	X					
pyridine, 2,3-dimethyl- [ <i>2,3-lutidine</i> ]		X		X		
pyridine, 2,4-dimethyl- [ <i>2,4-lutidine</i> ]			X	X		X
pyridine, 2,5-dimethyl- [ <i>2,5-lutidine</i> ]		X		X		X
pyridine, 2,6-dimethyl- [ <i>2,6-lutidine</i> ]	X	X		X		X
pyridine, 3,4-dimethyl- [ <i>3,4-lutidine</i> ]		X				
pyridine, 3,5-dimethyl- [ <i>3,5-lutidine</i> ]		X		X		
pyridine, 3-ethyl-	X	X	X	X		
pyridine, 3-ethyl-4-methyl-		X				
pyridine, 4-ethyl-		X				
pyridine, 3-hydroxy-			X	X		
pyridine, 3-hydroxy-4-methyl-	X					
pyridine, 2-methyl- [ <i>2-picoline</i> ]	X	X		X	X	X
pyridine, 3-methyl- [ <i>3-picoline</i> ]	X	X		X	X	X
pyridine, 4-methyl- [ <i>4-picoline</i> ]	X	X		X	X	X
pyridine, methylethenyl-				X		
pyridine, 2-(3-pentyl)-			X			
pyridine, 3-phenyl-				X		
pyridine, 2,4,6-trimethyl- [ <i>collidine</i> ]	X	X		X		
pyridine, 2-ethenyl-	X		X			
pyridine, 3-ethenyl-	X	X	X	X	X	X
3-pyridinol	X					
3-pyridinol, 6-ethyl-	X					
2(1 <i>H</i> )-pyridone, 5,6-dihydro-	X			X		
pyrrole	X		X	X		
pyrrole, 3-acetyl-	X					
pyrrole, 2-methyl-	X					
pyrrole, 3-methyl-	X					
pyrrole-2-carboxaldehyde	X					
pyrrolidine			X	X		
pyrrolidine, <i>N</i> -methyl-			X	X		
2,5-pyrrolidinedione, 3-ethyl-1-methyl-	X					
2-pyrrolidinone	X					
3-pyrrolidin-2-one, 3-methyl-	X			X		
pyrrolidinone, <i>N</i> -methyl-	X					
1 <i>H</i> -pyrrolo[2,3- <i>b</i> ]pyridine, <i>N</i> -methyl-	X					
1 <i>H</i> -pyrrolo[2,3- <i>b</i> ]pyridine, methyl-	X					
quinoline*		X	X	X		X
quinoline, 3,6-dimethyl-		X				
quinoline, ethyl-		X				
quinoline, methyl-		X				

Table 36: Continued

<u>Component</u>	R. J. Reynolds Tob. Co. (1988)	Klus & Kuhn (1982)	Eatough <i>et al.</i> , (1990b) <sup>b</sup>	Sakuma <i>et al.</i> , (1983a, 1983b; 1984a, 1984b)	Brunne- mann <i>et al.</i> , (1990)	IARC
<b>AMINES (cont.)</b>						
quinoline, 4-methyl-		X				
quinoline, 5-methyl-		X				
quinoline, 7-methyl-		X				
quinoline, 8-methyl-		X				
quinoline, propyl-		X				
1,3,5,7-tetraazatricyclo-(3.3.1,1,3,7)-decane [hexamethylenetetramine]		X				
<b>N-NITROSAMINES</b>						
1-butanone, 4-(methylnitrosamino)-1-(3-pyridinyl)- [NNK] <sup>a</sup>	X	X	X			X
<i>N</i> <sup>+</sup> -nitrosoanabasine [NAB] <sup>a</sup>	X					
<i>N</i> <sup>+</sup> -nitrosoanatabine [NAT]	X	X				
<i>N</i> <sup>+</sup> -nitrosodiethanolamine [NDELA] <sup>a</sup>						X
<i>N</i> <sup>+</sup> -nitrosodiethylamine [NDEA] <sup>a</sup>		X				
<i>N</i> <sup>+</sup> -nitrosodimethylamine [NDMA] <sup>a</sup>	X	X	X			X
<i>N</i> <sup>+</sup> -nitrosoethylmethylamine [NEMA] <sup>a</sup>		X				X
<i>N</i> <sup>+</sup> -nitrosornornicotine [NNM] <sup>a</sup>	X	X	X			X
<i>N</i> <sup>+</sup> -nitrosopyrrolidine [NPYR] <sup>a</sup>	X	X	X			X
<b>NITRILES</b>						
acetonitrile	X	X	X			
acetonitrile, 2-( <i>N,N</i> -dimethylamino)-	X					
benzonitrile	X					
butyronitrile		X				
isovaleronitrile		X				
propionitrile		X				
valeronitrile		X				
<b>MISCELLANEOUS COMPONENTS</b>						
ammonia	X	X	X			X
benzofuran, 2,3-dihydro-	X					
benzofuran, 2-methyl-	X					
bromide		X				
<b>cadmium<sup>a</sup></b>		X				
carbon dioxide	X	X	X			
carbon monoxide	X	X	X			X <sup>c</sup>
carbonyl sulfide		X				X
chloride		X				
furan, methyl-		X				
<b>hydrazine<sup>a</sup></b>						X
hydrogen cyanide	X	X	X			X

Table 36: Continued

<u>Component</u>	R. J. Reynolds Tob. Co. <u>(1988)</u>	Klus & Kuhn <u>(1982)</u>	Eatough <u>(1990b)<sup>b</sup></u>	Sakuma <i>et al.</i> , (1983a, 1983b; <u>1984a, 1984b</u> )	Brunne- mann <i>et al.</i> , (1990)	IARC <u>(1986)</u>
MISCELLANEOUS COMPONENTS ( <i>cont.</i> )						
<b>lead<sup>a</sup></b>			X			
methyl bromide					X	
methyl chloride			X			X
<b>nickel<sup>a</sup></b>			X			X
nitric acid				X		
nitric oxide		X			X	X
nitrogen dioxide		X		X		X
"nitrogen oxides" [NOx]		X		X		X <sup>c</sup>
nitrous acid				X		
<b>polonium-210<sup>a</sup></b>					X	
zinc		X				X

<sup>a</sup> Components in bold lettering appear in one or other of the two "Lists of 43" (Hoffmann and Hecht, 1990; OSHA, 1994) (see Table 4).

<sup>b</sup> Components listed by Eatough *et al.* (1990b) are identified ETS components not SS components.

<sup>c</sup> This component was discussed as an ETS component in the Surgeon General's 1986 report (USPHS, 1987).

2046368378

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